

# JAN ROOVERS ASSOCIATES, INC.

**IATF 16949:2016 and ISO 9001:2015 Internal Auditing**  
**Corrective Action and Problem Solving per ISO 9001 and IATF 16949**  
**AIAG Core Tools (APQP/CP - FMEA - PPAP) GD&T per ASME Y14.5-2009**

- **New Location:** **hb5 co/work**, 42 Union Street South, Concord, NC 28025
- **Course Times:** 8:00 am - 4:30 pm

**Register soon! Group size is limited to 14 and our courses sell out quickly.**

1. **IATF 16949:2016 Internal Auditing.**  
Course dates: **September 4-5-6.** (Tuesday-Wednesday-Thursday)  
Fee: \$795 per person. *(Includes a comprehensive course book and audit preparation support materials)*
2. **AIAG Core Tools (APQP/Control Plans-FMEA-PPAP).**  
Course dates: **September 17-18-19.** (Monday-Tuesday-Wednesday)  
Fee: \$995 per person. *(Includes three AIAG Core Tool manuals, a workbook, and support materials)*
3. **GD&T per ASME Y14.5-2009.**  
Course dates: **New Dates TBA.** (Monday-Tuesday-Wednesday-Thursday)  
Fee: \$1,095 per person. *(Includes a comprehensive course manual)*
4. **ISO 9001:2015 Internal Auditing.**  
Course dates: **New Dates TBA.** (Monday-Tuesday)  
Fee: \$595 per person. *(Includes a comprehensive course book and audit preparation support materials)*
5. **Corrective Action and Problem Solving per ISO 9001 and IATF 16949.**  
Course dates: **New Dates TBA.** (Wednesday and Thursday)  
Fee: \$595 per person. *(Includes a comprehensive course book and problem solving tools)*
6. **ISO 9001:2015 Internal Auditing.**  
Course dates: **New Dates TBA.** (Monday-Tuesday)  
Fee: \$595 per person. *(Includes a comprehensive course book and audit preparation support materials)*

For more information please e-mail [janrooversassociates@gmail.com](mailto:janrooversassociates@gmail.com) or visit our website [www.janroovers.com](http://www.janroovers.com). Please scan and e-mail the completed registration form back to us. A confirmation notice including additional detailed information about the course, hotel, directions, and our registration/cancellation policy will be e-mailed back to you. Course fees are due at registration and are accepted in the form of a **check** or **credit card**. Make checks payable to: Jan Roovers Associates, Inc., 6519 Wheeler Drive, Charlotte, NC 28211-4756. We regret that **we cannot accept purchase orders**. A credit card payment form is attached for your convenience.

## REGISTRATION FORM *(Scan and e-mail to [janrooversassociates@gmail.com](mailto:janrooversassociates@gmail.com))*

I want to register for Course: # 1  # 2  # 3  # 4  # 5  # 6

Name(s): \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE PRINT YOUR EMAIL ADDRESS CLEARLY**

# JAN ROOVERS ASSOCIATES, INC.

## CREDIT CARD PAYMENT FORM FOR PUBLIC COURSES

**PLEASE PRINT CLEARLY**

Provide all information and send to [janrooversassociates@gmail.com](mailto:janrooversassociates@gmail.com)

### CREDIT CARD INFORMATION

Participant Name(s):

Participant Email Address(s):

Credit Card Type:  Visa  Master Card  American Express  Discover  Diners Club

Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiration Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Name as it appears on the Credit Card:

CVC2 Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Payment Amount (US Dollars):

Signature:

Date:

### CREDIT CARD BILLING ADDRESS

Credit Card Billing Address: *(At what address is the credit card company's bill received?)*

Street:

P.O. Box:

City:

State:

Zip/Postal Code:

Country:

Phone Number:

Fax Number:

**Please indicate to whom the Credit Card payment receipt must be sent.**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_