

JAN ROOVERS ASSOCIATES, INC.

IATF 16949:2016 & ISO 9001:2015 Internal Auditing - CA/PA

New Course! AIAG-VDA Process FMEA

AIAG Core Tools (APQP/CP - FMEA - PPAP) GD&T per ASME Y14.5-2009

- **Location:** Live on-line video courses only.
- **Times:** 8:00 am - 4:30 pm

Register soon! Group size is limited

1. **ISO 9001:2015 Internal Auditing.**
Course dates: **Contact us for new dates.** (Monday-Tuesday)
Fee: \$595 per person. (Includes a comprehensive course book and audit preparation support materials)
2. **AIAG Core Tools: (APQP/Control Plans-FMEA-PPAP, including references to SPC and MSA).**
Course dates: **Contact us for new dates.** (Monday-Tuesday)
Fee: \$695 per person. (Includes a workbook, and support materials)
3. **Intro to AIAG-VDA Process FMEA. (New Course! Watch for your Customer announcements and CSRs!)**
Course date: **Contact us for new dates.** (Wednesday)
Fee: \$495 per person. (Includes a Participant Manual)
4. **GD&T per ASME Y14.5-2009.**
Course dates: **Contact us for new dates.** (Monday-Tuesday-Wednesday)
Fee: \$895 per person. (Includes a very comprehensive course/reference manual)
5. **IATF 16949:2016 Internal Auditing.**
Course dates: **Contact us for new dates.** (Monday-Tuesday-Wednesday)
Fee: \$795 per person. (Includes a comprehensive course book and audit preparation support materials)
6. **Corrective Action and Problem Solving per ISO 9001 and IATF 16949.**
Course date: **Contact us for new dates.**
Fee: \$495 per person. (Includes a comprehensive course book and problem-solving tools)

For more information please e-mail janrooversassociates@gmail.com or visit our website 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)

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

Name(s): _____ Title: _____

_____ Title: _____

_____ Title: _____

Company: _____ City: _____ State: _____

Tel: _____ Mobile: _____ Email: _____

PLEASE PRINT YOUR EMAIL ADDRESS CLEARLY

JAN ROOVERS ASSOCIATES, INC.

CREDIT CARD PAYMENT FORM FOR ONLINE COURSES

PLEASE PRINT CLEARLY

Provide all information and send to 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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiration Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------

Name as it appears on the Credit Card:

CVC2 Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

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:

Mobile:

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

Name: _____

Company: _____

Mailing Address: _____

Email: _____