



IAPMO R&T Registration Services

5001 E. Philadelphia St., Ontario, CA 91761, USA

Ph: 1-877-4-MY-ISO-1 or 909-230-5530

Fax: 909-472-4199

ISO 9001 for Small Businesses

Train with the best — IAPMO R&T Registration Services

(Course No.: 99005)

Course Overview:

This course is especially designed for small businesses. Through this course, the participants will learn how to implement the ISO 9001 standard for their company as well as to learn the benefits of ISO 9001.

If your company is continually searching for ways to improve the bottom line, streamline the processes, and increase the customer satisfaction level by utilizing your existing resources, then this is the class that you've been looking for!

Cost: \$600 per person (refreshments and materials included.)

Early Registration Discount:

\$50 off if registers 60 – 89 days in advance

\$25 off if registers 30 – 59 days in advance

Course Schedule:

Day 1: 8:00 am to 5:00 pm

Day 2: 8:00 am to 12:00 pm

Enrollment:

Online via www.iapmort.org/publictrainings

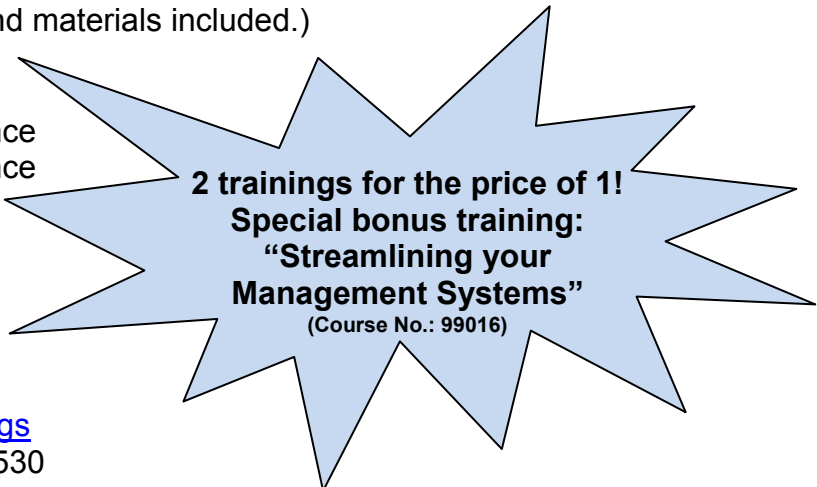
Phone: 1-877-4-MY-ISO-1 or 909-230-5530

Fax: 909-472-4199

Mail to **IAPMO R&T Registration Services** (5001 E. Philadelphia St., Ontario, CA 91761)

Payment Method:

Check, Money Order, or Credit Card (Visa or Master Card)

A light blue starburst graphic with multiple points, containing promotional text.

2 trainings for the price of 1!

Special bonus training:

**“Streamlining your
Management Systems”**

(Course No.: 99016)



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Please mail this form to the address above or fax it to 909-472-4199.
 You may also e-mail this form to isoinfo@iapmort.org or enroll online at www.iapmort.org/publictrainings.

TRAINING COURSE REGISTRATION FORM

Name: _____

Company Name: _____

Address: _____

City, State, Zip, Country: _____

Phone: _____ Fax: _____

E-mail: _____

Website (if any): _____

Course Enrolled (if enrolled to more than 2 courses, please use additional forms):

Course Name: ISO 9001 for Small Businesses

Course Date(s): _____

Course Location: _____

Number of attendees: _____

Names of attendees: _____

Payment Method:

- Check or Money Order (payable to IAPMO R&T)
- Credit Card (Visa or Master Card)

Cardholder Name: _____

Card No.: _____

Exp. Date: _____ 3 digit code (on the back of the card): _____

By Submitting this training course registration form, I hereby agree to the training course cancellation, substitution, and transfer policy of IAPMO R&T Registration Services. These policies are posted on IAPMO R&T website at www.iapmort.org/publictrainings.

FOR IAPMO R&T REGISTRATION SERVICES USE ONLY

Processed By: _____ **Processed Date:** _____

Paid?: Yes No **Payment Rec'd Date:** _____

Remarks: _____