American Welding Society

SEMINAR/EXAM CHANGE OF SITE FORM

LAST NAME **FIRST NAME** **MI**

DATE OF BIRTH MM/DD/YY **U.S. SOCIAL SECURITY NUMBER** **MEMBERSHIP / ACCOUNT #**

x x x x x

CURRENTLY SCHEDULED *(please check one)*: ❑ **SEMINAR ONLY** ❑ **EXAM ONLY** ❑ **SEMINAR AND EXAM**

SITE CODE: _____ **DATE** MM/YY**:** _____ **CITY/STATE:** _____

IN THE FOLLOWING, PLEASE INDICATE THE NEW SITE LOCATION OF YOUR CHOICE:

SITE CODE: _____ **DATE** MM/YY**:** _____ **CITY/STATE:** _____

TO RESCHEDULE AND REGISTER FOR: ❑ **SEMINAR AND EXAM** ❑ **SEMINAR ONLY** ❑ **EXAM ONLY**

I fully understand my request must be submitted to AWS no later than two weeks prior to my current scheduled seminar and/or exam date. If this request is received LESS than two weeks prior, I will be charged a rescheduling fee.
(*Please refer to the attached AWS Exam Cancellation Refund Policies and Other Fees.)*

_____ (Signature) _____ (Date)

THIS FORM MAY BE FAXED TO THE CERTIFICATION DEPARTMENT: 305-443-6445

BELOW IS FOR AWS USE ONLY

CERTIFICATION BUSINESS UNIT:

Date Received: _____ **Sent to Accounting for processing by:** _____ (Coordinator's Initials) ❑ **Copy of check or/and front page of application on file**

Notes:

⬇ACCOUNTING BUSINESS UNIT⬇

Quantity	Produce Category Code	Amount	Description

Account # _____ _____