Quality System Audit Training

Please join us for this comprehensive training that covers all aspects of ISO 9001:2008 and process auditing.

Our 12-hour course is designed for aspiring auditors and anyone else with a need to understand the requirements of, and basic skills needed to audit, manage, or implement a quality management system.

- **Where:** Stark State’s Hoover District Training Facility
  265 E. Maple St. N. Canton

- **When:** Wednesdays June 6, June 13, June 20, 2012

- **Time:** 4:30 P.M. until 8:30 P.M.

- **Fee** $450 per person

- **Instructor:** Jim Linkie
  
  *RABQSA – Certified QMS Auditor No. 81602*
  
  *MSSC – Certified Logistics Technician*

To take part in this enjoyable, career enhancing experience, complete the attached registration form and fax to 330 244-8996.

Call the numbers shown below for any additional information.

Contact: Jim Linkie – Account Executive/Quality Trainer
Stark State College
330-494-6170 Ext. 4431
330-206-3980 (cell)
330-244-8996 (fax)
REGISTRATION FORM

STARK STATE COLLEGE
Corporate Services Department
6200 Frank Avenue NW
Canton, OH 44720

Have you attended SSC before?__________

Corporate Services Department
6200 Frank Avenue NW
Canton, OH 44720

Home Phone_________________________

Social Security No. |____|__ __|____|____|____|____|____|____|____|
(SSN is required for registration)

Name
____________________________________________

Address
____________________________________________

____________________________________________

Business Name
Address

INDEX NO. | COURSE NO. | COURSE TITLE
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201315:10340 | GSD996 | ISO 9001:2000 Effective Process Auditing

June 6, 13, 20, 2012  4:30 p.m. to 8:30 p.m.

PLEASE CHECK THE TYPE OF PAYMENT BEING USED:

Invoice Company – P.O. Number __________

Check (enclosed) – Check Number __________

Mastercard, Visa, or Discover

Credit Card Number _____________________ Expiration Date ______________

CID Number (last 3-digits on signature line on back of card) __________

Name on credit card ______________________

Card billing address _____________________

City/State/Zip __________________________

Signature (required for debit/credit card payment) ________________________

- Cancellation of registration must occur three days prior to the start of the class.

- Please complete registration information and return to:

Martha Doerr – Corporate Services
Stark State College of Technology
6200 Frank Avenue, N.W.
Canton, OH 44720-7299
330-494-5280 (fax)

mdoerr@starkstate.edu