



The Society of Naval Architects and Marine Engineers
601 Pavonia Ave, Jersey City, New Jersey 07306 201-798-4800

SNAME Learner's Course Evaluation and Application Form

Please print clearly. This information will be used to process your credits.

Name _____
Title _____ SNAME Membership Number _____
Professional affiliation _____
Learner's Mailing Address _____
City _____ State/Province _____ Zip _____
Country _____
E-mail address _____ Daytime telephone number _____

I certify that I attended the presentation of the following paper:

title _____
by _____
on _____

and the discussion which followed, and that I remained until the session was adjourned.

Signature PE License Number State/Province

Credit will be given for applications submitted immediately after the presentation. Applications submitted subsequently or those for which payments are not made within ten days will not be processed.

Evaluation Questions:

1. Was the material new to you? _____
2. Was the material presented clearly? _____
3. Was the material adequately covered? _____
4. Did the presentation achieve its stated objective? _____

Billing Information:

- Check mailed to arrive within five days
 Check enclosed with application
 Check for multiple sessions enclosed with another application
 Pay with credit card: MasterCard Visa American Express

SNAME Members: \$15.00
Non-members: \$25.00

Account Number _____ Expiration Date _____