

Course Name: Crane Theory
Course Length: 3 hours
Course Time: 1:00pm – 4:00pm

Registration Details – Please PRINT Clearly

- All areas marked with an * must be completed or registration will not be processed.
- ***If you have trouble faxing this registration to 519 763 7301 please call our office.***

Cost per person: \$160 plus HST

Company Contact Details: Company Name: _____

* Contact Name: _____ * Email Address: _____

* Address: _____

* City: _____ * Province: _____ * Postal Code: _____

* Telephone: _____ Ext. _____ * Fax: _____

* Authorized by: _____ * P.O. _____

(Signature)

(PO not required with credit card)

*** This course is offered on the following dates. Please select the date(s) you would like to attend.**

Jan. 12 ___ Jan. 26 ___ Feb. 9 ___ Feb. 23 ___ Mar. 9 ___ Mar. 23 ___ Apr. 6 ___ Apr. 20 ___

May 4 ___ May 18 ___ June 15 ___ June 29 ___ July 13 ___ July 27 ___ Aug. 10 ___ Aug. 24 ___

Sep. 7 ___ Sep. 21 ___ Oct. 5 ___ Oct. 19 ___ Nov. 16 ___ Nov. 30 ___ Dec. 14 ___

Use the form below to indicate the course date(s) and participant name(s) who will be attending.

* Course Date: _____ * Participant Name: _____

* Course Date: _____ * Participant Name: _____

* Course Date: _____ * Participant Name: _____

Cost Calculations

* # of Attendees	___	x \$160.00	\$.00
		* HST 13%	\$.00
		* Total	\$.00

Payment Details

Credit Card Number: _____

Exp: ___ / ___ CV#: _____

Postal code for card billing address: _____

You will be notified, only if registration has not been processed. Please keep a copy of this form as your record of registration.