

Course Name: Part One Basic Certification

Course Length: 19.5 Hours

Course Time: 8:30am – 4:00pm

Cost per person: \$490.00 plus HST

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.***

***Group discounts available for groups of 4 or more.
Please call our office for more details!
519 763 7369***

Company Contact Details Company Name: _____

* Contact Name: _____ * Email Address: _____

* Address: _____

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

* Telephone: _____ Ext. _____ * Fax: _____

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

*please note, this course is held once a week for three weeks.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Jan. 10, 17 & 24 | <input type="checkbox"/> Feb. 7, 14 & 21 | <input type="checkbox"/> Mar. 7, 14 & 21 | <input type="checkbox"/> Apr. 4, 18 & 25 |
| <input type="checkbox"/> May 9, 16 & 23 | <input type="checkbox"/> June 6, 13 & 20 | <input type="checkbox"/> July 11, 18 & 25 | <input type="checkbox"/> Aug. 8, 15 & 22 |
| <input type="checkbox"/> Sep. 5, 12 & 19 | <input type="checkbox"/> Oct. 10, 17 & 24 | <input type="checkbox"/> Nov. 7, 14 & 21 | <input type="checkbox"/> Dec. 5, 12 & 19 |

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 \$490.00	\$.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.