

Course Name	Start Date (MM/DD/YY)	End Date (MM/DD/YY)

LEGAL First Name	LEGAL Last Name	
Telephone	Cell	Email Address
Mailing Address		
City/Town	Province	Postal Code
Date of Birth (MM/DD/YYYY)	Gender Male                  Female                  Other	

TO BE COMPLETED IF REGISTERING THROUGH EMPLOYER		
Company or Provincial Ministry Name	Branch	Key Contact (First & Last Name)
Key Contact's Telephone	Key Contact's Fax	Key Contact's Email Address
Company's Mailing Address		
City/Town	Province	Postal Code

**Note:** Full payment is due upon registration for all courses. Certificates will NOT be issued if payment isn't received in full.

Course Fee(s)*  \$	Payment Method		
	Cash/Debit	Cheque	Credit Card (see below)
	Credit Card Number	Expiry Date (MM/YY)	3 Digit CVD Code
	Name on Credit Card	Signature	