

General Group Registration Form

Course Information

Course Name	Start Date (MM/DD/YY)	End Date (MM/DD/YY)
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Company Information - 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

Student(s) Information

STUDENT 1

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Email Address

STUDENT 2

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Email Address

STUDENT 3

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	

STUDENT 4

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Email Address

STUDENT 5

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Email Address

STUDENT 6

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Email Address

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

Payment

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	