

Essential Skills for New Managers and Supervisors

Registration Form

Ref # 101

4 Ways to Register:

Fax



Print this form, fill it out and
fax it back to **403-253-4926**

Online



www.ctrcanada.com or scan
this form and email to
registration@ctrcanada.com

Phone



Reserve your place by phone:
1-866-471-8555

Mail



Print this form, fill it out and
mail it with payment to:

Canadian Training Resources
Suite 205
259 Midpark Way SE
Calgary, AB T2X 1M2

Upon reception of this form
one of our representatives will
contact you

Please complete all the relevant sections

(Print a separate copy of this form for each workshop attendee)

Attendee Information

Mr. Mrs. Ms.

First Name: _____

Last Name: _____

Email: _____

Company Information

Company Name: _____

Address: _____

City/Town: _____

Prov: _____

Postal Code: _____

Telephone: _____

Ext: _____

Fax: _____

Workshop Information

Location: _____

Date: _____

Fee Calculation and Payment

Fees for this workshop.....\$**399.00**

- as a previous attendee I am eligible for a 10% discount....\$ _____ (-)*
- If I register 3 or more persons I get \$20 off\$ _____ (-)*
- GST (5%).....\$ _____ (+)
- Subtotal**.....\$ _____ (=)
- HST (where applicable).....\$ _____ (+)
- Total**.....\$ _____

**If applicable*

By Cheque, payable to **Canadian Training Resources, Ltd**

By Credit Card (check appropriate) Visa MasterCard

Card Number: _____

Expiry: _____

Cardholder's Name: _____

Cardholder's Signature: _____