

# REGISTRATION



harper burnham & associates certified trainers

## Training Location:

www.harperburnham.com

Toronto

## Student's Contact Information:

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Job Title \_\_\_\_\_ Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext \_\_\_\_\_ Business Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ Business email \_\_\_\_\_

## Course Selection:

Code \_\_\_\_\_ Course \_\_\_\_\_ Dates \_\_\_\_\_ Fee \_\_\_\_\_

Code \_\_\_\_\_ Course \_\_\_\_\_ Dates \_\_\_\_\_ Fee \_\_\_\_\_

Code \_\_\_\_\_ Course \_\_\_\_\_ Dates \_\_\_\_\_ Fee \_\_\_\_\_

(Note: If you have selected an Intermediate or Advanced Class but have not attended the Introduction or Intermediate please state which instructor approved you for the class?) \_\_\_\_\_

## Method of Payment:

Visa

Mastercard

Company Purchase Order

Subtotal \_\_\_\_\_

Cheque

Money Order

Purchase Order Number

HST \_\_\_\_\_

# \_\_\_\_\_

Total \_\_\_\_\_

Name on Card \_\_\_\_\_

Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Fax and mailing Information:

Please fax your registration form to: 1-(877) 510-2674

Please mail your registration form to:

Harper Burnham & Associates, 39 McLellan Drive, Suite 100, Courtice, Ontario, Canada L1E 1Z9

Or call us at: 1-877-246-3436