

<b>MTS Registration Application</b>			
Name of Course:			
Course Location:		Course Dates:	
<b>APPLICANT'S INFORMATION:</b>			
Name:			
Job Title:			
Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Address</span> <span>City</span> <span>Province</span> <span>Postal Code</span> </div>			
Phone #		Email:	
W / WW Cert. #	CCC Cert. #	Education:	
<b>YEARS OF EXPERIENCE IN THE FOLLOWING:</b>			
a) Water Utility:		b) Wastewater Utility:	
c) Plumbing:		d) Irrigation:	
e) Other Trade: (e.g. Pipefitter: 4 yrs)			
<b>EMPLOYER'S INFORMATION:</b>			
Employer / Company Name:			
Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Address</span> <span>City</span> <span>Province</span> <span>Postal Code</span> </div>			
Employer's Phone:		Employer's Fax:	
Email:			
----- <b>BILLING INFORMATION</b> -----			
<b>Payment:</b> Course Fees are payable to MTS Maintenance Tracking Systems Inc. and are to be paid prior to course start date.			
<b>Cancellation Policy:</b> Cancellations made 5 business days prior to course start date will be refunded less a \$ 50.00 admin fee. Cancellations less than 5 business days prior to course start date will not be refunded however, substitutions will be accepted.			
Invoice to: <input type="checkbox"/> Employer <input type="checkbox"/> Attendee			
Method of Payment: <input type="checkbox"/> Mail Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> PO #			
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<b><u>Credit Card Information:</u></b>			
Name on Credit Card: _____		Expiry Date: _____	
Visa / MC # _____		CVV: _____	
Email invoice / receipt to: _____			

Registration is to be faxed to (250) 503-0894