

REGISTRATION APPLICATION

APPLICANT'S INFORMATION

Name:	W / WW Cert. #
Job Title:	Cert Type:
Phone #	CCC Cert. #
Email:	Years of Experience:
	Education:
NAME OF COURSE:	Course Dates:
Course Location:	<input type="checkbox"/> In Class <input type="checkbox"/> Virtual Online

IF ATTENDING VIRTUALLY ONLINE

Mailing Address to send course materials to:
Email address which you will have access to on computer you will be using during class:

EMPLOYER INFORMATION:

Employer / Company Name:	
Supervisor Name & Title	
Phone #	Email:

BILLING INFORMATION

<p><u>Cancellation Policy:</u> Cancellations made 5 business days prior to course start date will be refunded less a \$ 75.00 admin fee. Cancellations less than 5 business days prior to course start date will not be refunded however, substitutions will be accepted.</p>	<p><u>Payment:</u> Course Fees are payable to MTS Maintenance Tracking Systems Inc. and are to be paid prior to course start date.</p>
<p>Invoice: <input type="checkbox"/> Employer <input type="checkbox"/> Attendee</p> <p>Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card PO # _____</p>	<p>Invoice to: _____ Address: _____ _____</p> <p>Email invoice / receipt to: _____</p> <p>Phone # _____</p>

Credit Card Information:

Name on Credit Card: _____ Expiry Date: _____
 Visa / MC # _____ CVV: _____