

REGISTRATION FORM

Send completed form to: training@QMenv.com

COURSE INFORMATION

COURSE _____

COURSE DATE _____ COURSE TIME _____

COURSE TUITION _____ + _____ (HST) = \$ _____ PER ATTENDEE*

PARTICIPANT INFORMATION

ATTENDEE - Please provide a completed registration form for each participant.

MR / MRS / MS _____

COMPANY _____ POSITION _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

BUSINESS PHONE* _____ RESIDENCE PHONE* _____

FAX _____ EMAIL _____

Please provide both business and residence telephone numbers in case of change.

PAYMENT OPTIONS

PLEASE SELECT ONE VISA _____ MASTERCARD _____ OTHERS _____

CARD NUMBER _____

EXPIRY DATE _____

SIGNATURE _____

*Full payment is required to secure your spot.
Courses canceled within 7 days of set date will be charged 25% of the tuition fee.
Cancellation with less than 72 hours notice will result in full charges for the course.
QM LP reserves the right to cancel courses.*