



Fill out this form online, print and fax to: 403-250-1289

Student Information

Full Name: _____ Date of Birth: _____
Last First Initial Month Day

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: () _____ Position: _____

Course Information

Course Name: _____ Course Date: _____ Corresponding Course: _____
Course Location: _____

Additional Student's

Full Name: _____ Position: _____
Date of Birth: _____ Month _____ Day _____ Phone: () _____

Full Name: _____ Position: _____
Date of Birth: _____ Month _____ Day _____ Phone: () _____

Registered By

Name: _____ Company: _____
Phone: () _____ Cell: () _____
Fax: () _____ Address: _____ Email Address: _____

P.O.#: _____ Date: _____
Mastercard/ Visa # _____ Name on Card: _____

Expiry Date: _____ Signature: _____



Please Submit Completed Forms to:

1538 - 25 Avenue N.E.
Calgary, Alberta T2E 8Y3
Tel: (403) 250-9606 Fax: (403) 250-1289 Toll Free: 1-800-667-5557