

hRegistration Date		Course Date		<p align="center">PROGRAM AGREEMENT & PAYMENT POLICIES</p> <p><i>Program Payment</i> All fees must be paid in advance Cash, Visa, MasterCard and Interac are acceptable methods of payment. .</p> <p><i>Transfer Policy</i> We require three (3) days to process a transfer request. A \$25.00 fee will be applied to all registrants transferring to another same class. Transfer fees must be paid at the time the transfer is requested.</p> <p><i>Withdrawal/Refund/Cancellation Policy</i> Withdrawal/Refund/Cancellation from a class requires a minimum of five business weekdays prior to the start of the class, by mail, email or fax. A processing fee of \$35.00 will be applied to each program on individual refunds. Programs with pre-issued study materials will have the fees for all materials deducted and then the refund processed. Refunds may be processed by Credit Invoice, or Cheque mailed to the individual, or if payment made by credit card, refunds will be credited back to the credit card less the cancellation fees. Group, corporate withdrawal, refund, cancellation fees are per student. All withdrawal, refund, cancellation requests must be in writing and sent to the registration department 403-571-7659 . Group or corporate withdrawal, refund, cancellation fees are per student.</p> <p>Should a client fail to attend class, client will forfeit registration fees and training. By signing the registration form, client acknowledges cancellation fees and accepts responsibility to pay same.</p> <p align="center">Program Certificates will only be issued upon receipt of payment.</p> <p align="center">Please Check website for directions and parking information</p>
Company		Course		
Contact		Registrants		
Telephone		1		
Fax		2		
Address City, Province Postal Code		3		
		4		
	OFFICE USE ONLY			
		Taken By		
Email		Course #		
WEB Address		Inv/Rec #		
NOTES		Sales Rep		
<p>CONFIRMATION The undersigned as an authorized agent of the company named above, acknowledges the training has been reserved as directed by client, the client has read the program agreement and the undersigned approves the provision of services as described with the conditions set forth in this agreement.</p> <p>Authorized Signature _____ Please Print Name _____ Title _____</p>				
Credit Card Information	VISA	MASTERCARD	PO #	
Cost	Name on Card			
Card No.				
Expiry Date				
	Authorized Signature			