

Registration Form



(please print clearly)

Name : _____

Address : _____

City : _____

Province / State : _____

Postal / Zip Code : _____

Tel. Home : _____

Business : _____

Fax : _____

Cell : _____

E-Mail : _____

PAYMENT

Total Fees Are : \$ _____

+ HST / QST : \$ _____

Total Amount : \$ _____

Cheque (Payable to Multi-Trek Ltd.) VISA 

MasterCard  AMEX 

P.O. number: _____

Card No: _____

Expiry Date : _____

Name on card : _____

Signature: _____

I hereby authorize Multi-Trek to charge the above amount to my credit card.
(Signature will be required on the day of the course)

BN 12017 2606 RT0001 QST 1020818260

Course Date : _____

Course Title : _____

Previous related training / experience:

Any allergies, medical condition and/or physical limitations? _____

Who should we notify in case of an emergency?

Name: _____

Tel. Home : _____

Business: _____

Cell : _____

Where did you hear about MULTI-TREK?

Name of instructor (if known): _____

Name of your employer (if applicable): _____

Please return to :

MULTI-TREK LTD.
2630 Lancaster Rd., Unit E
Ottawa, Ontario, Canada

Tel : 613-731-7673
Fax: 613-731-8747
Toll-free : 1-800-263-5232

*** The above information will only be used to contact you with information regarding the course, to send your certificate and/or to notify you when your certification has expired.!

Please check box if you would like to receive information on other courses offered by Multi-Trek.

* Multi-Trek does not and will not distribute our mailing lists to other organizations.

SUBMIT FORM

(For Office Use Only)

