



part of the **AramSCO** family

REGISTRATION FORM

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

COURSE TITLE (1 form per course): _____

COURSE DATE: _____

NAME OF PARTICIPANTS:

1) _____ 3) _____

2) _____ 4) _____

DEPOSIT:

Deposit of \$200 per person (non-refundable) X _____ (number of participants) = _____

The balances and taxes are payable 10 days prior to the course.

PAYMENT:

VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER: _____ EXPIRATION: _____ VCODE: _____

NAME ON CARD: _____

If applicable: Can we use the same credit card for the IICRC exam fees (\$65 US)? YES NO

For more information or to register contact:

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613-518-2202
mdocherty@safetyexpress.com

Western Canada: Patricia Taylor
403-818-6706
ptaylor@safetyexpress.com

800-465-3898

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