

Registration Form

Name of event _____

Date of Event _____

Attendees: 1. _____ 2. _____

3. _____ 4. _____

Registration fee _____ GST _____

Total: _____

Your information:

Name _____

Company _____

Address _____

City: _____ Prov. _____ Postal Code _____

Telephone: _____ Fax: _____

E-Mail _____ P

Payment options: VISA MASTERCARD AMERICAN EXPRESS

Mail to: International Training and Management Company
60 Prue Avenue
Toronto, ON M6B 1R5