



Seminar Registration Form

Organization Information

Name of Organization: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Fax: _____ Web: _____

Participant Information

1. Name: _____ Ext. _____
Title: _____ E-Mail: _____
Seminar Code 1: _____ Seminar Code 2: _____

2. Name: _____ Ext. _____
Title: _____ E-Mail: _____
Seminar Code 1: _____ Seminar Code 2: _____

Payment Information*

of Seminars = _____ x \$329.00 = \$ _____

Discounts:

| |
|----------------------------|
| BCHA Member 10% |
| 2 people 10%, 3 people 15% |

 Subtract Discounts \$ _____
Subtotal \$ _____

Cheque enclosed payable to FIT Seminars Add: 5% GST \$ _____
Total Payment \$ _____

Charge to:

MasterCard Visa Amex

Card #: _____ Exp. Date: _____

Cardholder Signature: _____

*Registration is not complete until payment, certificates and/or coupons are received. For full terms and conditions, call or visit our web site.

