

REGISTRATION FORM

COMPLETING THE FORM

Complete the Registration Form as instructed. You will need to provide the registrant's legal name, date of birth, and contact information.

We will contact you directly for payment. Note: the registration is not considered complete until payment has been processed.

Send completed form to Energy Safety Canada Training Services:

Email: CustomerService@EnergySafetyCanada.com

Fax: 403 516 8166

For alternate methods of registration, please visit <u>EnergySafetyCanada.com</u> or contact us at 1 800 667 5557.



PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Submit completed forms via email to CustomerService@EnergySafetyCanada.com or via fax to 403 516 8166

COURSE INFORMATION				
Course Name:				
Location:				
Preferred Date: (MM/DD/YY)		Alternative Date: (MM/DD/YY)		
Course Name:				
Location:				
Preferred Date: (MM/DD/YY)		Alternative Date: (MM/DD/YY)		
STUDENT INFORMATION				
Legal Name:			Date of Birth: (MM/DD/YY)	
Email:				
Mailing Address:				
City:	Provinc Territo		Postal Code:	
Phone:				



Please select one:

REGISTRATION INFORMATION

[] I'm registering myself				
[] I'm registering a student, colleague or er	mployee			
Complete the following section only if registering someone else.				
COMPANY INFORMATION	COMPANY CONTACT			
Company Name:	Contact Name:			
Address:	Email Address:			
City:	Phone Number:			
Province / Postal Code:	Alternative Contact:			
*				
PAYMENT INFORMATION				
[] On Account (PO)				
PO Number:				
[] By Credit Card: [] VISA [] MasterCard [] AMEX				
Name and phone number to be reached for payment details:				