# ARCQE REGISTRATION FORM

**PLEASE PRINT**

Participant Name

Employer's Name

Mailing Adress

City Postal Code

E-mail Address

Phone

PTL Member Number Certification Level

Please (✓) the workshops you wish to attend and fill in the appropriate fee.

| ✓ | Date | Workshop Name | Time | Location | PTL | Non PTL | Fee |
|---|---|---|---|---|---|---|---|
| | Sept 24/11 | Meeting the Challenge Series Part 1, 2 and 3 | 9am to 5pm | Medicine Hat College - S154 | $120.00 | $180.00 | |
| | Oct 22/11 | Handle with Care Part 1 | 9am to 5pm | Medicine Hat College - S154 | $80.00 | $120.00 | |
| | Oct 29/11 | Handle with Care Part 2 | 9am to 5pm | Medicine Hat College - S154 | $80.00 | $120.00 | |
| | Nov 7/11 | Team Building - From Me to We | 6pm to 9pm | Medicine Hat College - S154 | $40.00 | $60.00 | |
| | Nov 22/11 | We have the Power - Out of School Care | 6pm to 9pm | Medicine Hat College - S154 | $40.00 | $60.00 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | Total | |

**Please Note:**

Reciepts will be E-MAILED out to the above e-mail address

There is a no refund/cancellation policy for these events. No Exceptions.

If you are unable to attend you are allowed to send an alternate in your place at no additional charge. Please inform our office of the new participant's name.

We reserve the right to cancel/reschedule a Workshop at anytime, you will be contacted if this occurs.

**Payment Policy**: If you wish to pay by CREDIT CARD, FAX in this registration form with your credit card information to: (780) 421-1730. If you wish to pay by CHEQUE, MAIL in this registration form with your cheque to: ARCQE Suite 110 10025 - 106 Street, Edmonton AB T5J 1G4.

☐ - Yes, I wish to pay by Cheque. Please find my cheque enclosed for $ _____

☐ - YES, I wish to pay by

Visa/MC Credit Card Number: _____

Exp.Date: _____

Signature: _____

By signing above I authorize ARCQE to charge my Credit Card the amount of $ _____