

# ARCQE REGISTRATION FORM

**PLEASE PRINT**

Participant Name \_\_\_\_\_

Employer's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_

PTL Member Number \_\_\_\_\_

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

✓	Date	Workshop Name	Time	Location	PTL	Non PTL	Fee
	Online Early Childhood Workshops						
	Every Wednesday starting Jan 11 to Jan 25, 2012	Starting a Child Care Centre Workshop	7:30-8:15pm	Online	\$60	\$90	
<b>Total</b>							

**Please ensure your email address is correct as you will be emailed log in information two days prior to the session start date.**

**Please Note:**  
 Receipts 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 \$ \_\_\_\_\_