ARCQE REGISTRATION FORM

PLEASE PRINT

Participant Name _____

Employer's Name _____

Mailing Adress _____

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	**Supporting Directors Success Series**					
	Every Wednesday starting Jan 11 to Jan 25, 2012	Essential Management Skills	10-10:45 AM	Online	$120	$180	
	Every Wednesday starting Feb 1 to Feb 15, 2012	Time is of the Essence	10-10:45 AM				
	Every Wednesday starting Jan 11 to Jan 25, 2012	Essential Management Skills	6:30- 7:15 PM		$120	$180	
	Every Wednesday starting Feb 1 to Feb 15, 2012	Time is of the Essence	6:30- 7:15 PM				
	Please ensure your email address is correct as you will be emailed log in information two days prior to the session start date.						
						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 $ _____