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
	Oct 1/11	Handle with Care Part 1	9am to 4pm	1040 1 Ave, Wainwright Ab	$80.00	$120.00	
	Nov 5.11	Handle with Care Part 2	9am to 4pm	1040 1 Ave, Wainwright Ab	$80.00	$120.00	
						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 $ _____