

Registration form for the one day training course

Date of course: _____

Location: _____

Course: Level 1 Level 2

Cost per participant: \$125 (plus applicable taxes)

Items below to be completed by registrants (or their supervisor)

Municipality or organization: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Name(s) of participants: _____
(Please list all)

Total amount authorized (Canadian Funds): \$ _____

Billing address: _____

City: _____ Postal Code: _____

To the attention of: _____

Date: _____

Name and signature: _____

Please return to Flotech Ltd. (A division of NORPAC)
Att: Amanda MacKenzie amackenzie@norpaccontrols.com
Fax: 604.422.3788 Phone: 604.422.3716