



**GROUP REGISTRATION**

**Course Name:** \_\_\_\_\_ **Course Date:** \_\_\_\_\_

**Company Information:**

**Time of Course:** \_\_\_\_\_

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_

**Staff Attending Course**

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

Course fee per person: \$ \_\_\_\_\_  
Total Invoiced: \$ \_\_\_\_\_

Method of Payment:

- VISA
- MasterCard
- Cheque
- Invoice Company

Note: Full payment must be received 7 days prior to first day of training.  
All cheques must be made payable to: **Vital Training.**

**E-mail: [registration@vitaltrainingsite.com](mailto:registration@vitaltrainingsite.com)**  
**Fax: 604-885-0374**