



5539 Shorncliffe Ave,
Sechelt, BC
604.885.0804

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
Fax: 604-885-0374