



INDIVIDUAL REGISTRATION

5539 Shorncliffe Avenue,
Sechelt, BC
604-885-0804

Course Name: _____

Course Date: _____

Contact Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Phone: _____ Cell Phone: _____

Course Fee: \$ _____

Method of Payment:

- VISA
- MasterCard
- Cheque
- Cash

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