

PMP Training Registration Form

Registration Information:

Name: _____

Home Phone: _____ Doctor's Name: _____

Clinic Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

Fax: _____ Email: _____

Session: Session 1 – Key Fundamentals Session 2 – Best Practices Session 1 & 2

Location: _____

Date: _____

Registration fee per person:

- | | | | | | |
|-------------------------------------|-------|---|-----------|---|----------|
| <input type="radio"/> Session 1 | \$195 | + | 25.35 HST | = | \$220.35 |
| <input type="radio"/> Session 2 | \$195 | + | 25.35 HST | = | \$220.35 |
| <input type="radio"/> Session 1 & 2 | \$350 | + | 45.50 HST | = | \$395.50 |

Laptop: Bringing laptop Require Laptop

Method of payment: VISA MasterCard Cheque (enclosed)*

*Cheques may be postdated to two weeks prior to session

Card # _____ Expiry Date: _____

Card Holder: _____

Signature: _____

Additional Staff (subject to availability): _____

Payment must be received in order to reserve your spot.

Questions? Contact Anne Davidson
416-860-4161 or 1-877-327-2273, ext. 4161
fax: 416-860-0857, adavidson@chiropractic.on.ca

Cancellation Policy — Changes and cancellations are subject to a \$25 administration fee. The OCA must receive all cancellation requests in writing by fax or email by the end of business on the Tuesday prior to the course start date. Full fees will apply and refunds will not be provided for cancellations received after that date. All classes are subject to a minimum number of registrants. A full refund will be provided if a class is cancelled.