



Fleet Services Incorporated

(9-Day's of Learning)

“Dispatcher / Supervisor Course”

REGISTRATION FORM

Edmonton – July 7/10

Company Name: _____
(Organization Sending Attending Guest)

Contact Name: _____ Date: _____
(Person Responsible for Attending Guest)

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Name: _____ Position: _____
(Please Print - Attending Person's Name)

Name: _____ Position: _____
(Please Print - Attending Person's Name)

**BILLING INFORMATION - \$2150.00 / Student + gst
(Payable Prior to Course Start Date -Cancellation Policy in Place)**

Visa ___ MasterCard ___ Client # _____ Purchase Order: ___

Card # _____ Expiry Date _____ PO # _____

Name on Card _____

Billing Address (if 2nd address req'd) _____

Signature: _____ Date: _____

“Thank You for Considering Our Services”

Class runs: July 7, 8, 9, 21, 22, 23, 27, 28, 29 / 2010 in Edmonton

Time: 08:30 to 1630 daily
Location: Holiday Inn Express
11 Portage Lane, Sherwood Park, AB T8H 2R7
t - 780-417-3388 f - 780-417-3183
(preferred rates for TRANSCOM Guests)

TRANSCOM -----

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