

“Dispatcher / Supervisor Course”

REGISTRATION FORM

Moncton – May 19 / 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: May 19, 20, 21, 26, 27, 28 June 16, 17, 18 / 2010 in Moncton

Time: 08:30 to 1630 daily
Location: **APTA Corporate Office**
725 Champlain Street, Suite 400
Dieppe, NB E1A 1P6
t 1-506-855-2782 f 1-506-853-7424

TRANSCOM - - - - -

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