



Seminar Registration Form

Organization Information

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web: \_\_\_\_\_

Participant Information

1. Name: \_\_\_\_\_ Ext. \_\_\_\_\_  
Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Seminar Code 1: \_\_\_\_\_ Seminar Code 2: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Ext. \_\_\_\_\_  
Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Seminar Code 1: \_\_\_\_\_ Seminar Code 2: \_\_\_\_\_

Payment Information\*

# of Seminars = \_\_\_\_\_ x \$329.00 = \$ \_\_\_\_\_

Discounts: 

ABLE BC Member 10%
2 people 10%, 3 people 15%

 Subtract Discounts \$ \_\_\_\_\_  
Subtotal \$ \_\_\_\_\_

Cheque enclosed payable to FIT Seminars Add: 5% GST \$ \_\_\_\_\_  
Total Payment \$ \_\_\_\_\_

Charge to:

MasterCard  Visa  Amex

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

\*Registration is not complete until payment, certificates and/or coupons are received.  
For full terms and conditions, call or visit our web site.

