

Fax This Completed Registration Form to (613) 254 9587

(Please Print Clearly)

METHOD OF PAYMENT

Workshop Title:

Workshop Dates:

Method of Payment: Cheque Visa Mastercard

Name on Credit Card:

Credit Card #

Expiry Date:

Signature:

Purchase Order #

Send Invoice to: Participant Address Bill To Address

PARTICIPANT INFORMATION

Company Name:

Name and Title:

Department:

Address:

City:

Province:

Postal Code:

Telephone #

Fax #

Email Address:

OLIVUS Account Executive:

BILL TO / SUPERVISOR ADDRESS INFORMATION

Company Name:

Send Confirmation Letter

Billing Contact Name:

Billing Contact Title:

Address (incl. room #):

City:

Province:

Postal Code:

Return Same as Above or:

Billing Contact Phone#

Fax #

Email Address:

ALTERNATE REGISTRATION METHODS:

MAIL

OLIVUS Incorporated
Billing Address
55 Nighthawk Cres.
Kanata, ON Canada
K2M 2X6

EMAIL

register@olivus.ca

ONLINE

<http://www.olivus.ca/coursecalendar.asp>

FACSIMILE

Complete this form
and fax to:
613-254-9587

TELEPHONE

We will gladly take your request by
phone and answer any questions
you may have.
Please Call: 613-254-9504