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| **First Name** | **Last Name** | **Date of Birth*****Note:*** *Your birthday is required in our computer system to distinguish between people with similar names and to establish a permanent record of your continuing education studies* |
| **MAILING ADDRESS** *(below)* |
| **Business/Organization and Title:** |
| **City / Province / Country / Postal Code**  |
| **Telephone (day):** |  | **Telephone (eve):** |  | **Telephone (cell):** |  |
| **Email:** |  | **Preferred Method of Contact:**  |  |

**Strategic Doing Training**

Nov 2-3, 9 am–4 pm **and** Nov 4, 9 am noon | Prestige Lakeside Resort, Nelson, BC

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| **#** | **Practitioner** Registration fee | $1,400 + 70 (GST) = $1,470 | \*Disclose payment method |  |
| **#** | **Certification** Registration fee | $1,850 + 92.50 (GST) = 1,942.50 | \*Disclose payment method |  |

**\* Participants will contacted for payment.**

**Please complete and email registration form to** **sstoddart@selkirk.ca** **before Oct 29th and then email to** **tmacdonald@selkirk.ca** **on Oct 30th.**

**Signature:** (not necessary if emailing form)

 *(not necessary if emailing form)*

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|  |  | **Date** |

**OFFICE USE ONLY**