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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**](mailto:sstoddart@selkirk.ca) **before Oct 29th and then email to** [**tmacdonald@selkirk.ca**](mailto:tmacdonald@selkirk.ca) **on Oct 30th.**

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

*(not necessary if emailing form)*

|  |  |  |
| --- | --- | --- |
|  |  | **Date** |

**OFFICE USE ONLY**