

First Name		Last Name		Date of Birth <input type="text"/>	
<i>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</i>					
<b>MAILING ADDRESS (below)</b>					
Number		Street		PO Box	
Business/Organization: <input type="text"/>					
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

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

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

Please complete and email registration form to [sstoddart@selkirk.ca](mailto:sstoddart@selkirk.ca).

<b>Signature:</b> (not necessary if emailing form)
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Date

**OFFICE USE ONLY**