



Fleet Services Incorporated

(9-Day's of Learning)

“Dispatcher / Supervisor Course”

REGISTRATION FORM

Edmonton – February 15 / 12

Company Name: _____
(Organization Sending Attending Guest)

Contact Name: _____ Date: _____
(Person Responsible for Attending Guest)

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Name: _____ Position: _____
(Please Print - Attending Person's Name)

Name: _____ Position: _____
(Please Print - Attending Person's Name)

***BILLING INFORMATION - \$2195.00 / Student + gst
(Payable Prior to Course Start Date -Cancellation / Attendance Policy in Place)***

Visa ___ MasterCard ___ Client # _____ Purchase Order: ___

Card # _____ Expiry Date _____ PO # _____

Name on Card _____

Billing Address (if 2nd address req'd) _____

Signature: _____ Date: _____

“Thank You for Considering Our Services”

Class runs: Feb 15, 16, 17, 21, 22, 23 & Mar 6, 7, 8 /2012 in Sherwood Park

Time: 08:30 to 1630 daily
Location: Holiday Inn Express
11 Portage Lane, Sherwood Park AB T2J 7G5
t - 780-417-3388 f - 780-417-3183
(preferred rates for TRANSCOM Guests)



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