



“Dispatcher / Supervisor Course”

REGISTRATION FORM

Edmonton – Feb 11 / 2019

Company Name: _____
(Organization Sending Attending Guest)

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

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Name: _____ Position / Claim # _____
(Please Print - Attending Person’s Name)

Phone #: _____ Email: _____
(Please Provide - if ok with Attending Person) (If preferred by Attending Person)

**BILLING INFORMATION - \$2369.00 / 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 11, 12, 13, 18, 19, 20, 25, 26, 27 / 2019 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)

TRANSCOM -----

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