



Fleet Services Incorporated

(9-Day's of Learning)

“Dispatcher / Supervisor Course”

REGISTRATION FORM

Calgary – March 6 / 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: March 6, 7, 8, 9, 12, 13, 14, 15, 16 / 2019 Calgary

Time: 08:30 to 1630 daily
Location: Orlicks Inc.
240036 Frontier Place, Rocky View, AB T1X 0N2
t - 403-720-8720



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