

NLCSA TRAINING REGISTRATION REQUEST



COURSE	DATE	LOCATION

STUDENT INFORMATION (Please Print)

FIRST NAME *MIDDLE INITIAL* *LAST NAME*

DATE OF BIRTH (to ensure record integrity) _____

YEAR/MONTH/DAY

PERSONAL MAILING ADDRESS: _____

CITY/TOWN: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

PHONE (H): _____ **PHONE (C):** _____

EMAIL ADDRESS: _____

COMPANY NAME (if applicable): _____

REQUESTED BY: _____ **PO#:** _____

Personal information is collected to ensure accuracy of training records and will not be released under any circumstances to third parties.

Payment Methods:

- **By Telephone:** Contact the NLCSA office with your Visa/MasterCard#
- **In Person:** Visit the NLCSA office to submit payment by Visa or Mastercard, debit, cheque, cash, or money order.
- **By Mail:** Send a cheque, cash, or money order to the NLCSA office

ONCE YOUR REGISTRATION IS COMPLETE YOU WILL RECEIVE A CONFIRMATION VIA EMAIL.

WE REQUIRE 48 HOURS (TWO BUSINESS DAYS) WRITTEN NOTICE FOR CANCELLATION OF TRAINING OR CHARGES WILL BE INCURRED.