

## 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.**