

PHLEBOTOMY TRAINING CPD. 14 July 15 Saskatoon, SK

REGISTRATION FORM

| Your details | Date |
|----------------------|---------------------|
| Surnames | Title..... |
| First names..... | Previous Name..... |
| Home Address..... | |
| City..... | Postcode..... |
| Tel Numbers..... | Mobile Numbers..... |
| Email..... | |
| Mailing Address..... | |

| | | |
|--|------------------------|-----------------------|
| APPLICATION FEE | 540 | |
| Processing fee | 20 | |
| Tax | 54 | |
| Total cost payable | = \$ <u>614</u> | |
| Method of payment.....Direct deposit..... | | |
| Type of card (visa, master, and American express) | | |
| Credit card Number..... | Expiry Date..... | 3 digits |
| Name on the card..... | | |
| Card owners address..... | | |
| I authorize my card to be charged for above amount | | |
| Signature..... | | Date..... |
| Return to admin@cellmolecules.ca | | |
| <i>Submission of application form without payment will NOT be considered</i> | | |