



# Maple Key Computer Training Centres

## REGISTRATION FORM

Fax: 905-640-7464

Participant's Name \_\_\_\_\_

(If required on Invoice)

Company \_\_\_\_\_ PO # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

Course Name \_\_\_\_\_ Course Level \_\_\_\_\_

Course Date \_\_\_\_\_ Fee \_\_\_\_\_

-----  
Course Name \_\_\_\_\_ Course Level \_\_\_\_\_

Course Date \_\_\_\_\_ Fee \_\_\_\_\_

-----  
Course Name \_\_\_\_\_ Course Level \_\_\_\_\_

Course Date \_\_\_\_\_ Fee \_\_\_\_\_

Version of Current Software you are  
using (i.e. 2003)

\_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

13% HST \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

An Invoice / Confirmation will be e-mailed to you upon registration.

Payment:  VISA  MasterCard  Cheque  Cash

Credit Card Information:

Cardholder Name \_\_\_\_\_ Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ Signature \_\_\_\_\_

How did you hear about *Maple Key Computer Training Centres*? \_\_\_\_\_