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**PAYMENT MUST BE RECEIVED PRIOR TO TAKING COURSE.**

## ONLINE COURSE REGISTRATION

Date: \_\_\_\_\_

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Day (mandatory)

Month (mandatory)

Year (optional)

How did you hear about Global Training Centre? \_\_\_\_\_

Website, Industry Referral, Trade Show, Word of Mouth, Advertisement, Internet Search (Which One: Google, Yahoo, Bing, Ask.com, Other)

I consent to the collection, use, and disclosure of my personal information by \*Global Training Centre, as that information may be required for the purpose of carrying out the training services and other ancillary administration services ("Service") by \*Global Training Centre. I authorize \*Global Training Centre to collect personal information which may be required by them in order to complete such Services. I authorize \*Global Training Centre to provide my personal information to my employer and others when reasonably required to carry out the Services. If I wish to revoke this consent or review my personal information \*Global Training Centre has in its possession, I understand that I may do so by contacting \*Global Training Centre's Privacy Officer.

Signature: \_\_\_\_\_

### Employer Information

Company Name: \_\_\_\_\_

Operating Centre: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Method of Payment

Course:  TDG (\$35.00 + GST)  WHMIS (\$35.00 + GST)

Visa # \_\_\_\_\_ Expiry Date \_\_\_\_\_

MasterCard # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Card Holder Name: \_\_\_\_\_