

## TRAINING REGISTRATION FORM

Please download then complete the following form. Email the PDF copy to [learning@cannamm.com](mailto:learning@cannamm.com).

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_

Email\* \_\_\_\_\_

\*Required to communicate any additions or changes.

Supervisor Drug and Alcohol Awareness AM PM # attending \_\_\_\_\_ @ \$150.00ea + Tax

Advanced Supervisor Drug and Alcohol Awareness # attending \_\_\_\_\_ @ \$150.00ea + Tax

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

Online Supervisor Drug and Alcohol Awareness Quantity \_\_\_\_\_ @ \$120.00ea + Tax

Online Employee Drug and Alcohol Awareness Quantity \_\_\_\_\_ @ \$20.00ea + Tax

**TOTAL** \_\_\_\_\_ + Tax

### NAME OF PARTICIPANTS

Additional participant names can be provided on another sheet.

| First Name | Last Name | Email Address |
|------------|-----------|---------------|
| _____      | _____     | _____         |
| _____      | _____     | _____         |
| _____      | _____     | _____         |
| _____      | _____     | _____         |
| _____      | _____     | _____         |

### METHOD OF PAYMENT

Client companies can be invoiced by request. All cancellations are non-refundable.

☐ Visa ☐ Master Card ☐ AMEX ☐ Invoice (CannAmm Account # \_\_\_\_\_)

Card Number \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Credit card billing address\* \_\_\_\_\_

☐ \*Check box if billing address is same as above Receipt Required? ☐ Yes

When results matter.®