

AWARENESS TRAINING: REGISTRATION FORM

Please fax registration forms to 780.413.0525, or return by email to learning@cannamm.com

Contact Name	Company		
Billing Address			
City	Province	Postal code	
Phone			
Email*			

*Required to communicate any additions or changes.

Morning	Supervisor Seminar	Number attending	@ \$150.00ea + Tax
Afternoon	Advanced Supervisor Seminar	Number attending	@ \$150.00ea + Tax
TOTAL			+ Tax

NAME OF PARTICIPANTS

Please print clearly for certificate purposes.

First Name	Last Name	Email Address

For 25 or more users, please contact learning@cannamm.com for a quote.

METHOD OF PAYMENT

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

☐ Visa ☐ Master Card ☐ Cheque ☐ Invoice (CannAmm Account # _____)

Card Number	Expiration Date (MM/YY)
Name as it appears on card	
Signature	
Credit card billing address	Receipt Required? <input type="checkbox"/> Yes

Please mail cheques payable to: CannAmm LP

Address: FI 2, 101 McIntyre Street West, North Bay, ON Canada P1B 2Y5

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