CANN//AMM
OCCUPATIONAL TESTING SERVICES When results matter.

TRAINING REGISTRATION FORM

Please download then complete the following form. Email the PDF copy to training@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 # 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

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