

TRAINING REGISTRATION FORM

Please download then complete the following form. Email the PDF copy to learning@cannamm.com.

Contact Name		Company	
Billing Address			
City	Province	Postal Code	
Phone	Email*		
<small>*Required to communicate any additions or changes.</small>			
Alcohol and Drug Awareness Training	<input type="checkbox"/> AM <input type="checkbox"/> PM	# attending	@ \$157.50ea (Tax Included)
Date	Location		
Online DOT Supervisor Awareness	Quantity	@ \$130.00ea (Tax Included)	
Online Non-DOT Supervisor Awareness	Quantity	@ \$130.00ea (Tax Included)	
Online Employee Drug and Alcohol Awareness	Quantity	@ \$25.00ea (Tax Included)	
Online Marijuana Awareness Module 1	Quantity	@ \$25.00ea (Tax Included)	
Rebate Code (if applicable)			
TOTAL \$			(Tax Included)

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	CVV Code
Credit card billing address*	
<input type="checkbox"/> *Check box if billing address is same as above	Receipt Required? <input type="checkbox"/> Yes

When results matter.[®]