



Course Name: \_\_\_\_\_

Dates: \_\_\_\_\_

**Step 1: Applicant Information**

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

Job Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: Home  Business

Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How did you hear about this course?

Email  Direct Mail  Friend/Colleague  HR Department  Search Engine

Website  (please specify): \_\_\_\_\_ Other  (please specify): \_\_\_\_\_

Special Dietary Requirements (e.g. allergies, vegetarian/vegan, etc.): \_\_\_\_\_

**Step 2: Payment Method**

Pay by cheque

Mail to:  
Allan Cutler & Associates  
P.O. Box 5053  
Nepean, ON  
K2C 3H3

Please invoice my company

**NOTE: MUST** attach authorization on company letterhead or an official purchase including company mailing address, contact person, and authorization signature.

**Step 3: Form Submission**

Print and fax the completed form to Allan Cutler & Associates at: 613-224-0790

**NOTE:** For information regarding cancellation policies and procedures, please visit [www.ascutler.com](http://www.ascutler.com).