



Training - Registration Form – Payment by credit card

Training Description

Training Name

Training Date (mm/dd/yyyy)

Location:

Payment Information

Number of participant(s)	<input style="width: 95%;" type="text"/>	395\$ or 695\$ CAD / participant
Sub-total	<input style="width: 95%;" type="text"/>	CAD
GST (5%)	<input style="width: 95%;" type="text"/>	CAD
PST (9.975%)	<input style="width: 95%;" type="text"/>	CAD
Total Amount of Taxes	<input style="width: 95%;" type="text"/>	CAD
Total	<input style="width: 95%;" type="text"/>	CAD

Credit Card Information (as on the card)

First Name / Last Name (as on the card)

Credit Card MasterCard Visa

Credit Card Number CVV

Expiry Date (mm/yyyy)

Address

City

Province, State or Region

Country

Postal Code / Zip code

Signature of the card holder

Transaction Date

Billing Address

Company Name (or Payer Name)

Address

City

Province, State or Region

Country

Postal Code / Zip code

Contact Person

This person will receive the payment confirmation and details about the training session.

Salutation / First Name / Last Name

Company Name

Telephone

Email

**Please fax or mail
your order form to:**

**SAFEC Inc. 5255 Henri-Bourassa West, Suite 410
Saint-Laurent, Quebec, Canada, H4R 2M6
Fax: +1-514-336-1724**