



## COURSE REGISTRATION FORM

### PARTICIPANT / STUDENT INFORMATION:

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

COMPANY \_\_\_\_\_

### COURSE INFORMATION:

COURSE NAME \_\_\_\_\_

COURSE DATE \_\_\_\_\_

### PAYMENT DETAILS:

CASH       CHEQUE       CREDIT CARD

VISA # \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

COURSE FEE \_\_\_\_\_ HST \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

Please address cheques to:  
ITAC Inc.  
Insurance Training and Consulting Incorporated  
250 Brownlow Ave. Suite 18  
Dartmouth, NS B3B 1W9  
Website: <http://www.itacinc.com>