



Maple Key Computer Training Centres

REGISTRATION FORM

Fax: 905-640-7464

Participant's Name _____

(If required on Invoice)

Company _____ PO # _____

Address _____

City _____ Province _____ Postal Code _____

Telephone No. _____ Fax No. _____

E-mail _____

Course Name _____ Course Level _____

Course Date _____ Fee _____

Course Name _____ Course Level _____

Course Date _____ Fee _____

Course Name _____ Course Level _____

Course Date _____ Fee _____

Version of Current Software you are
using (i.e. 2003)

Sub-Total \$ _____

13% HST \$ _____

TOTAL \$ _____

An Invoice / Confirmation will be e-mailed to you upon registration.

Payment: VISA MasterCard Cheque Cash

Credit Card Information:

Cardholder Name _____ Card Number _____

Expiry Date _____ Signature _____

How did you hear about *Maple Key Computer Training Centres*? _____