

<u>Training Date:</u>



Multiple Web Registration Form

Organization Name:		
Contact Name:		
Contact Phone:		
Contact Email:		
Presentation Location:	601-7700 Hurontario 314-7700 Hurontario	60 West Drive Webinar
Presentation Start Time:		
Presentation Topic:	Other: _____	
Facilitator:	Other: _____	
Total Number of Registrants Name and email address of each participant - one per line Example <i>John Smith smithj@email.ca</i> <i>Raj Singh singhr@email.com</i> <i>Avi Levey leveya@email.ca</i>	<div style="display: flex; justify-content: space-around;"> Name Email Address </div>	

Registrants Continued		
Fee:	Number of Registrants Price per Registrant Total	
Send Invoice to: <i>Name:</i> <i>Phone Number:</i> <i>Email:</i>		Full payment due within 5 business days of training date Late payments are subject to late fees
How did you hear about us?	Past Participant Referral Internet Search EENet	