



INDIVIDUAL REGISTRATION

4602 Simpkins Rd. Davis Bay
604-885-0804

Course Name: _____

Course Date: _____

Contact Information:

Name: _____

Address: _____

City: _____

Email: _____

Phone: _____

Postal Code: _____

Cell Phone: _____

Course Fee: \$_____

Method of Payment:

VISA

MasterCard

Cheque

Cash

Note: full payment must be received 7 days prior to first day of training.
All cheques must be made payable to: **Vital Training.**

E-mail: registration@vitaltrainingsite.com

Fax: 604-885-0374