

E-Learning Centre

Registration Form (one form for each course)

L-course name:				
e-course fee:	+ hst	(13%)	total	
	PLEASE PROVI	DE DETAILS AS FOL	LOWS:	
Mr./Ms. First Name		Last Nai	me	
Your address			City	
Prov./State	Postal/Zip Code		Country	
If employed, your company	y information:			
Company Name:				
Company Address:				
City	Prov./ State	Country	Post/Zip Code	
Phone	Fax	Website _		
	********	*******	*****	
METHOD OF PAYMENT:	CHEQUE enclosed CREDIT	CARD		
Card holder name:				
Credit card number:			Expiry Date:	
Signature:				

Please return this order form to Faith Chen by fax: 416-499-8752 or email her at: fchen@tcaconnect.com
Once payment is processed, we will email you back with a pin number, instructions and a receipt.

Any questions please contact Faith Chen at: 416-847-9162 or fchen@tcaconnect.com