



# EDUCATIONAL PROGRAM INNOVATIONS CENTER

Setting Standards in Practical Learning

## Course Registration Form

(Please Print)

### ● Program/Course Details

Title	
Date	
Course Code	Location

### ● Personal Details

First Name		Last Name	
Company			
Position		Nature of Business	
Mailing Address (Number, Street, P.O Box) <input type="checkbox"/> Home <input type="checkbox"/> Business			
Suite /Unit	City	Province	Postal Code
Telephone		Cell	Evening Number
Fax		E-mail	

### ● Payment Details

<b>Payment: Full Payment Must Accompany This Form</b>	Fax this form at <b>905-361-1906</b> or mail to:
<i>Please make cheque payable to:</i> EPIC Educational Program Innovations Center	<b>EPIC Educational Program Innovations Center</b>
Course fee: \$ _____	<b>Attn: Registrar</b>
GST/HST: \$ _____	5759 Coopers Avenue
<b>Total Due:</b> \$ _____	Mississauga, ON L4Z 1R9
<i>Tax Exempt - Exemption No.</i> # _____	Tel <b>905-361-1901</b>
	Toll Free 1-888-374-2338 Ext 222
<b>Payment Method:</b> <input type="checkbox"/> AMEX	<b>Credit Card Number</b>
<input type="checkbox"/> MASTERCARD	# _____
<input type="checkbox"/> VISA	Expiry Date (mm/yy) _____
<input type="checkbox"/> DINERS CLUB	Authorized Signature _____
<input type="checkbox"/> Cheque	
<input type="checkbox"/> Purchase Order	
# _____	

EPIC's responsibility will, under no circumstances, exceed the amount of the fee collected. EPIC is not responsible for the purchase of non-refundable travel arrangements or accommodations or any associated cancellation/change fees. To avoid any fees or charges, please call to confirm that the course is running before confirming travel arrangements and accommodations.