

Seminar Registration Form

Please write clearly in BLOCK CAPITALS. Mail, fax or email information entered on this form, to Credit Guru Inc, Corporate Credit & Receivable Management Solutions division. (Details given at the bottom of this form). Photocopies are acceptable. Please photocopy for your own records.

1. Attendee, Course and Company Information

Course Name: USING THE SMALL CLAIMS COURT TO COLLECT DEBTS IN ONTARIO		Location:	Date
First Name:		Last Name:	
Company Name:			
Salutation: <i>Delete as applicable</i> Mr / Mrs / Miss / Ms / Other ____		Title:	
Correspondence Address:		Telephone:	
		Mobile:	
		Fax:	
City:		Email:	
Country:	Postcode:		
Invoice Address: <i>If different than above.</i>			
City:		Country:	Postcode:
Comments/ Instructions: <i>if any</i>			
How did you hear about Us? Website ☐ Fax ☐ Family/Friend ☐ Sales Rep ☐ Advert ☐ Brochure ☐ Other _____			

2. Method of payment *Please check the appropriate method of payment. [FEE = \$375/attendee | \$355/attendee - for 2 or more attendees]*

If registering more than one attendee please use separate forms but send the forms together to receive the TEAM SAVINGS REBATE.

A. Invoice: i) Invoice me ☐ OR ii) Invoice my Company ☐

B. Cheque/Check

I enclose a cheque for: Total fees \$ (add 13% HST) ☐ [Make payable to 'Credit Guru Inc.' and mail to the Address given below.]

C. Credit card

I wish to pay by credit card. Please charge the: Total fees \$ (add 13% HST) ☐ to my Visa / MasterCard / American Express
(Delete as applicable)

Card number: / / / Expiry date: /

(Visa/MasterCard)

Card number: / / Expiry date: /

(American Express)

Cardholder name:

Cardholder signature:

Cardholder address:

3. Authorization *Please have an authorized person sign the form to confirm this registration*

Signature: _____ **Date:** Day Month Year

Name: _____ **Title:** _____

If you wish to receive news and information about Credit Guru Inc's other courses please check this box ☐

Credit Guru Inc.

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