



# In-House End User Training Registration Form

Please print. NOTE: The application will NOT be reviewed unless completely filled out. ALL FIELDS ARE MANDATORY.

## CONTACT INFORMATION

Name of the Attendee (First and Last): \_\_\_\_\_

Company Name: \_\_\_\_\_

Sales Rep (Company Name): \_\_\_\_\_

i<sup>3</sup> Sales Rep (If Applicable): \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

\*Once your application has been successfully processed, you will be contacted by e-mail to confirm your attendance.

## COURSE DATE & CLASS SELECTION

Date of Training Seminar: \_\_\_\_\_

## TRAVEL INFORMATION

You will Arrive by:  Air  Car  Other

**i<sup>3</sup> Recommends:**  
 Delta Toronto East Hotel  
 2035 Kennedy Road  
 Toronto, Ontario  
 M1T 3G2, Canada  
 T: 416.299.1500

**Training Location:**  
 i<sup>3</sup> International HQ  
 780 Birchmount Road, unit 16  
 Toronto, Ontario  
 M1K 5H4, Canada  
 T: 416.261.2266

If you require accommodations, this can be arranged at the Delta Toronto East Hotel.

## IMPORTANT NOTES

(Please put your initials next to every paragraph to acknowledge your acceptance of the terms)

Initials:

- The minimum class size is **6 attendees** with the maximum class size of 14. Registration is based on a first-come-first-served basis. \_\_\_\_\_
- The class may be cancelled if the minimum number of attendees cannot be met. \_\_\_\_\_
- Please note that i<sup>3</sup> International will make all reasonable effort to avoid cancellations due to lack of attendance. We will not, however, assume any responsibilities for prior travel arrangements if such cancellations cannot be avoided. We will advise of any cancellations 3 business days prior to the class date. \_\_\_\_\_
- Please cancel **at least 3 business days** prior to the scheduled class. \_\_\_\_\_
- Please fax the completed application to 416-261-8406 to the attention of Olga Skelly. \_\_\_\_\_

This Registration was Submitted by (Please Print): \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Dated On: \_\_\_\_\_

With any questions please contact **Olga Skelly** at ext.135 (oskelly@i3dvr.ca) or Arlyn Parra at ext.133 (aparra@i3dvr.ca)