



In-House Certified Technician 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): _____

i3 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.

REFUNDABLE DEPOSIT FEE

Deposit Amount: \$250.00 USD

Please Check Form of Payment:

Visa

Master Card

American Express

Purchase Order*

Cheque/Money Order*

Name of Card Holder: _____

Card Number: _____ Expiry Date: _____

Driver's License: _____ Signature**: _____

* Please call or email for details

** Please note that by signing this form, the card holder gives i3 International permission to charge the corresponding deposit fee amount on the credit card number provided above.

COURSE DATE & CLASS SELECTION

Date of Training Seminar: _____

TRAVEL INFORMATION

You will Arrive by:

Air

Car

Other

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

i3 Recommends:

Delta Toronto East Hotel
2035 Kennedy Road
Toronto, Ontario
M1T 3G2, Canada
T: 416.299.1500

Training Location:

i3 International HQ
780 Birchmount Road, unit 16
Toronto, Ontario
M1K 5H4, Canada
T: 416.261.2266

IMPORTANT NOTES

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

Initials:

- The minimum class size is **5 attendees** with the maximum class size of 8. 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 i3 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 5 business days** prior to the scheduled class; otherwise the deposit will not be refunded.
- 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)