



CRISIS RESPONSE PLANNING REGISTRATION FORM

TO REGISTER:

Web: www.ctrinstitute.com
Fax: 204-475-2920
Mail: Suite 100
154 Sherbrook St.
Winnipeg, MB R3C 2B4

For more information:

Phone: 204-452-9199
Toll free: 877-353-3205
E-mail: info@ctrinstitute.com

Cancellation Policy:

Registrations cancelled 7 or more days prior to the workshop are refundable, minus a \$50.00 administrative fee. Alternatively you may receive a credit to attend a future training. Cancellations less than 7 days prior to the workshop are non-refundable. If at anytime you are unable to attend, you are welcome to transfer your registration to another individual at no extra cost. In this case, please notify CTRI of the name of the alternate person who will be attending.

We reserve the right to cancel workshops due to unforeseen circumstances or under-enrolment. Liability is limited to a refund of workshop fees only. *Please make travel arrangements with this in mind.*

Please Note: In order to reserve your seat at the workshop, we require proof of payment. This can include Purchase Orders, Credit Card Numbers or a photocopy of a cheque made out to CTRI Inc.

GST#: 850731787

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Locations

St. John's, NL May 11-12, 2010

More detailed location information is available on our website at www.ctrinstitute.com.

Rates	Early*	Regular
Individual	<input type="checkbox"/> \$295.00+HST=\$333.35	<input type="checkbox"/> \$365.00+HST=\$412.45
Group Rate: A 10% discount is available for groups of 4+ people. To register, please download a group form from our website or call our office		

Please note that HST applies to the Atlantic Provinces only.

To qualify for the **early rate both **registration form and payment** must be received **3 WEEKS PRIOR** to the workshop date.*

Name: _____ Job Title: _____

Organization: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (w): (_____) _____ Phone (h): (_____) _____ Fax: (_____) _____

Email (please make this case sensitive): _____

How did you find out about this workshop: E-mail Fax Mail Advertisement Other _____

Please clearly **print** your name as you want it to appear on the certificate: _____

Payment Options: Cheque (payable to *CTRI Inc.*) VISA MasterCard
to be received prior to workshop

Card Number: _____ Exp. _____

Name on card: _____

Signature of cardholder: _____

Would you like to receive an invoice? Yes No If yes, who should it be made out to?

Please provide an address to which the invoice can be sent: _____

Confirmation of Registration:

How do you wish to be contacted? E-mail Fax Mail

Once we receive your registration form and payment, you will receive confirmation with a receipt.

If you do not receive a confirmation within 15 days, please contact our office to ensure that your registration was received.