



# RESPONDING TO TRAUMA REGISTRATION FORM

## TO REGISTER:

**Web:** [www.ctrinstitute.com](http://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](mailto: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

- Winnipeg, MB Feb. 11-12, 2010       Edmonton, AB May 27-28, 2010  
 Saskatoon, SK Apr. 15-16, 2010

*More detailed location information is available on our website at [www.ctrinstitute.com](http://www.ctrinstitute.com).*

Rates	Early*	Regular
Individual	<input type="checkbox"/> \$260.00+GST=\$273.00 <input type="checkbox"/> \$260.00+HST=\$293.80	<input type="checkbox"/> \$320.00+GST=\$336.00 <input type="checkbox"/> \$320.00+HST=\$361.60
<b>Group Rate:</b> 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.*