



REGISTRATION FORM

ORDERS
800.733.6786
FAX
604.608.3820

SOLUTION TREE EDUCATION CANADA INC.
PO Box 3250
Mission, BC V2V 4J4

solution-tree.com

CANINET
Priority Code _____
from print materials when available

Event	Dates	Location	Individual	Team Rate* Per Person	Number of Registrants	Total

*Team rate applies to 5 or more registering at the same time.

SUBTOTAL	\$
ON events 13% • BC events 12% • AB, MB, PE, QC, SK events 5%	HST REQUIRED \$
GRAND TOTAL	\$

REGISTRANT

Name _____
 Position _____
 Organization _____
 Address _____
 City/Province/Postal Code _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

BILL TO (if different)

Name _____
 Position _____
 Organization _____
 Address _____
 City/Province/Postal Code _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

ADDITIONAL REGISTRANTS

Name _____
 Position _____
 Organization _____
 Address _____
 City/Province/Postal Code _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/Province/Postal Code _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/Province/Postal Code _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

Name _____
 Position _____
 Organization _____
 Address _____
 City/Province/Postal Code _____
 Daytime Phone _____
 Fax _____
 Email (required) _____

To register a group of 6 or more, visit www.solution-tree.com/customer-service/event-registrations for a multiple registration form.

METHOD OF PAYMENT

Registrations will be processed and seats will be held after payment is received.

- Cheque enclosed (Payable to Solution Tree Education Canada Inc.)
- Purchase Order enclosed (We will process your registration when we receive your official purchase order and completed registration form. All purchase orders must note payment terms of net 30 days from the date of invoice.)
- Visa MasterCard

Card Number _____ Expiry Date _____
 Cardholder Name _____
 Cardholder Signature _____

If you send a substitute, please provide his or her name and send your request to registration@solution-tree.com or fax to 604.608.3820. All cancellations must be in writing and sent to registration@solution-tree.com or faxed to 604.608.3820. Cancellations more than 90 days prior require a \$100 processing fee per person. Cancellations between 10 and 90 days require half of the registration fee per person. There are no refunds for cancellations less than 10 days prior.

How did you hear about this event?

<input type="checkbox"/> Catalog or flyer	<input type="checkbox"/> Email
<input type="checkbox"/> Print ad	<input type="checkbox"/> Online ad
<input type="checkbox"/> Solution Tree website	<input type="checkbox"/> Word of mouth
Other (please specify): _____	