



CREDIT CARD FOR TRAINING PURCHASE AGREEMENT

COMPANY CONTACT INFORMATION

COMPANY:		DATE:	
ADDRESS:		CITY:	
PROVINCE:		POSTAL CODE:	
PHONE:		FAX:	

TRAINING PARTICIPANT CONTACT INFORMATION

NAME:		POSITION:	
EMAIL:		PHONE/ CELL:	

TRAINING PROGRAM REQUESTED (ONLY ONE TRAINING PROGRAM PER FORM)

PROGRAM REQUESTED:		TRAINING DATE:	
TRAINING LOCATION:		ALTERNATIVE DATE REQUEST:	

Billing Information: VISA MasterCard AMEX

Credit Card #:		CVC #:	
Name On Card:		Expiry:	
Billing Address:			

IMPORTANT, PLEASE CHECK THE BOX BELOW THAT YOU HAVE REVIEWED THE CANCELLATION POLICY.
Registration cancellations received after the cancellation deadline of 24 hours prior to the start time of the training program, will not be honoured and you will be charged the full cost of the training session. Additionally, if you withdraw during the training session, you will be charged the full cost for the entire training session.

The TRH GROUP may cancel, postpone or re-schedule a course at our discretion. If available substitute dates are not suitable to you, you will receive a full credit or refund.

I HAVE READ AND ACKNOWLEDGE THE ABOVE TRH GROUP TRAINING CANCELLATION POLICY

Authorizing Signature: _____