



Head Office  
**FORMING TECHNOLOGIES INC.**  
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## FTI Training Registration Form

### Participant Information

Course: \_\_\_\_\_

Course Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

### Payment Information

Company Billing Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Payment methods:

Bill Company Purchase Order # \_\_\_\_\_ Amount USD/CDN: \_\_\_\_\_

Bill Credit Card:  VISA  Master Card

Cardholder Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Amount USD/CDN: \_\_\_\_\_

Canadian Residents add 5% GST. For cancellations within 10 days of start date, a charge will apply.