



Training Registration Form

▶ ▶ ▶ ▶ Fax to the Learning Center
 **450 973-9281**

To register for a training session, please fill out the Training Registration Form and fax it to the Learning Center. The form is also available in the [Services ▶ Training Services](#) section of our Web site.

Training

Course code and title (As shown in the Course Catalog)	Date (dd-mm-yyyy)	Cost
-		\$
-		\$
-		\$

Participants

First and last names	Title	▶ ▶ ▶ ▶ ▶ Check the desired training location				
		Montreal	Laval	Mississauga	Other	Online
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Terms and conditions

Training locations
 You can find the location of our offices in the **Contact Us** section of our Web site:
<http://www.medisolution.com/eng/contacts.php>.

Fees
 Registration fees for training sessions held in MediSolution offices appear in the Course Catalog available on our Web site.

For information on regional and online training costs, please call **514 850-5000** extension **4120**.

Schedule
 9:00 – 17:00 (unless otherwise specified)

Cancellation
 Registration fees will be reimbursed provided that we receive cancellation notification by email or fax 10 days before the start date of the training session. No reimbursement past that delay.

Participant substitution is allowed.

In the event that MediSolution cancels a training session, our responsibility will be limited to the reimbursement of the registration fees.

I have read and accepted the cancellation terms mentioned above.

Authorization

First and last names

Title/function

Organization Client number

Address

City

State/province Postal code

Telephone Extension

Fax

Email

Please subtract the equivalent number of hours from my bank.

Signature Date (dd-mm-yyyy)

P.O. number