



EDUCATIONAL PROGRAM INNOVATIONS CENTER

Setting Standards in Practical Learning

Course Registration Form

(Please Print)

● Program/Course Details

Title	
Date	
Course Code	Location

● Personal Details

First Name		Last Name	
Company			
Position		Nature of Business	
Mailing Address (Number, Street, P.O Box) <input type="checkbox"/> Home <input type="checkbox"/> Business			
Suite /Unit	City	Province	Postal Code
Telephone		Cell	Evening Number
Fax		E-mail	

● Payment Details

Payment: Full Payment Must Accompany This Form	Fax this form at 905-361-1906 or mail to:
<i>Please make cheque payable to:</i> EPIC Educational Program Innovations Center	EPIC Educational Program Innovations Center
Course fee: \$ _____	Attn: Registrar
GST/HST: \$ _____	5759 Coopers Avenue
Total Due: \$ _____	Mississauga, ON L4Z 1R9
Tax Exempt - Exemption No. # _____	Tel 905-361-1901
	Toll Free 1-888-374-2338 Ext 222
Payment Method: <input type="checkbox"/> AMEX	Credit Card Number
<input type="checkbox"/> MASTERCARD	# _____
<input type="checkbox"/> VISA	Expiry Date (mm/yy) _____
<input type="checkbox"/> DINERS CLUB	Authorized Signature _____
<input type="checkbox"/> Cheque	
<input type="checkbox"/> Purchase Order	
# _____	

EPIC's responsibility will, under no circumstances, exceed the amount of the fee collected. EPIC is not responsible for the purchase of non-refundable travel arrangements or accommodations or any associated cancellation/change fees. To avoid any fees or charges, please call to confirm that the course is running before confirming travel arrangements and accommodations.