

Registration Form for Certificate of Recognition Program

Contact Information:

Date: _____

Company: _____

Contact Name: _____

Mailing Address: _____

City, Province: _____

Postal Code: _____

Phone: _____

Fax: _____

Email Address for Invoicing: _____

***IMPORTANT** – Above, email address for invoicing is the preferred way to also send your official receipt *

Participant's Name: *(if different from above)* _____

Participant's Phone Number: _____

Participant's Email Address: _____

(for confirmation and cancellation of the course due to weather, etc.)

✓ Please Indicate desired course(s) and date

Certificate of Recognition Program Mandatory Courses	Member	Non-Member	Date of Course
COR Auditor (2 day)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
Fundamentals in Auditing (2 day)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00	
Health and Safety System Building (3 day)	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$750.00	

Cancellation Policy:

Cancellations must be received by speaking to our staff in person, by phone (NOT by voicemail) or in writing:

- Cancellation with at least (5) business days before the course start date- STA will refund the registration fee in full
- Cancellation with 48 hours notice- STA will refund 50% of the registration fee
- Cancellations with less than 48 hours notice or no-show will be charged in full.

Please sign that you have read and agree with the cancellation policy.

Signature: _____

Date: _____

Authorization:

Name of Authorized Representative: _____
(Please Print)

Title: _____ Signature: _____

**Note: It is the policy of the STA that only members of the Association may be invoiced.
Sorry for any inconvenience - we are able to accept VISA or MC over the phone as well.**

V.1.3 March 2020

Payment Information			
Payment Method: <input type="checkbox"/> Invoice (<i>Members Only</i>)		Amount:	\$
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Cheque Attached			
Card #:		GST (5%):	\$
Expiration Date:	CVV:	Total:	\$

Office Use Only:
