

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: _____

