

REGISTRATION FORM

Please note that this form can be filled out on your computer if desired and the completed form can then be printed and mailed or emailed as an attachment to *ALARA*.

Dr. /Mr. /Ms. _____

Title: _____

Employer: _____

Address: _____

City: _____ Province/State: _____

Postal Code: _____ Phone: (___) _____ ext: _____ Fax: (___) _____

Email: _____

I can't attend this time but please notify me prior to the next course session.

Registration Fee:

\$452.00 (H.S.T. included)

H.S.T. Registration No. 100107622

(Please note that *ALARA* cannot accept payment by credit card.)

Make cheque payable to:

ALARA Industrial Hygiene Services Ltd.

Mail to:

ALARA Industrial Hygiene Services Ltd.

103 Parkview Hill Crescent

Toronto, Ontario M4B 1R5