

FACILITATED SOLUTIONS

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Registration Form

302-1200 PORTAGE AVE • WINNIPEG, MB • R3G 0T5

Date: _____

Name: _____ Position: _____

Organization: _____

Address/City: _____

Postal Code: _____

Phone: (w) _____ (h) _____ Fax: _____

E-mail: _____

May we contact you to obtain your feedback on the impact of our training? Yes No

Training information and course updates? Yes No

| Course Name | Dates | Fee |
|--|------------------|--------|
| Leading Group Assessments and Intervention | June 14-18, 2010 | \$2500 |

Location: Ottawa, Ontario Exact venue to be confirmed

Credit Card: Visa MasterCard # _____

Exp: _____ Signature: _____

I am enclosing a cheque for the amount of: _____

Please invoice my employer:

Name: _____ Position: _____

Organization: _____ Address/City: _____

Postal Code: _____ Phone: _____ Fax: _____

Please make all cheques payable to Facilitated Solutions.

Fax or mail this form with your credit card number, invoicing information or cheque to:

Facilitated Solutions

Attention: Sandy Koop Harder

Fax: (204) 453-6082

Phone: (204) 774-5389

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