

Registration Form



Performance
Management
Consultants

5 Easy Ways to Register

1. Online: www.pmctraining.com

2. Phone: 613-234-2020 Ext. 21

3. Fax: 613-569-1333

4. Email: register@pmctraining.com

5. Mail:

Performance Management Consultants
858 Bank Street, Suite 109
Ottawa, Ontario
K1S 3W3

Registrant Information

▶ Please photocopy this form for additional registrants.

▶ Please fill out the information below completely.

New mailing guidelines require complete mailing information including Suite, Apartment, or Cubicle number to guarantee delivery.

Name _____

Job Title _____

Organization _____

Branch _____

Mailing Address _____

Cubicle / Suite # / Mail Stop # _____

City _____

Province _____

Postal Code _____

Phone (w) _____

Fax _____

Email _____

Note: we require your email to send a confirmation notice and scheduling updates. We will not sell, rent or loan our attendee list to third parties.

Signature _____

Is there a physical challenge we can assist with?

Yes No

Have you attended previous PMC public workshops?

Yes No

How did you first learn about PMC?

Received catalogue

Web search

From a colleague

Received email

From my manager

Received phone call

Attended a past PMC workshop

Other _____

For office use only

DR EM SR DB

Please help us to go green.

Workshop Selection

Yes, please register me for the following workshop(s).

Note: For additional workshops, attach a separate list.

Title: _____ \$ _____

Date: _____

Title: _____ \$ _____

Date: _____

Title: _____ \$ _____

Date: _____

and/or,

Please send me _____ advance workshop tickets
and I will select my courses later.

\$ _____

Subtotal: \$ _____

Add 13% HST \$ _____
HST registration number R-131892531

Total fees including HST: \$ _____

Payment Method

1. **Credit Card** I authorize you to charge my:

VISA MASTERCARD AMERICAN EXPRESS

Credit Card # _____

Expiry Date _____

Cardholder Name (print) _____

Cardholder Signature _____

2. **Cheque enclosed**

(make payable to Performance Management Consultants)

3. **Please invoice my organization**

Attention: _____

Email: _____

Phone #: _____

Mail Code 15

Please check this box if you require a paper invoice sent by post.
Otherwise, we'll email you an electronic invoice only.

Satisfaction guaranteed! If you are not satisfied with one of our public courses, let us know within 30 days and we'll offer you another class or refund your money.