

## PARTICIPANT REGISTRATION FORM

### CUSTOMIZED TRAINING

Surname_____	Given Name _____
Address _____	
City_____	Postal Code _____
Home Phone # _____	Business Phone # _____
Job Title: _____	E-mail address: _____
Birth Date____/____/____(Y/M/D)	
Have you taken courses at Fleming College before?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, Student #/Surname: _____	
Are you a graduate of Fleming? <input type="checkbox"/> yes <input type="checkbox"/> no   If yes, what program? _____	

Company _____
Address _____
City/Province/Postal Code _____

Training Session	Training Date(s)
_____	_____

**Would you like us to continue to update you?** If you would like to continue to receive email from Fleming College about upcoming training opportunities, please check the box below:

Yes, I would like to receive electronic messages from flemingcollege.ca about upcoming training opportunities. I understand that I may withdraw my consent and unsubscribe at any time.

**Cancellation Policy:** A cancellation or postponement of a scheduled training date may be made by the client with up to ten (10) business days prior to the start of the scheduled training. Any unrecoverable billable travel expenses will be assessed to the client regardless of when a cancellation or postponement is requested (ie. airfare change fees). A cancellation or postponement of a scheduled training date made within ten (10) days prior to the first day of the scheduled training will be assessed 100% of the total cost of the scheduled training. Please contact us as soon as possible if you need to cancel or reschedule your training.

**Cancellation of Registration Procedure:** The College reserves the right to cancel any training session, based on registration numbers, with up to five (5) business days prior notice. In such a case the client will not be invoiced for the session.

### Fleming College

*For more information contact:*

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Customized Training, School of Business

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