



Course Registration Form ²⁰¹¹

Student's Information

- Mr Mrs
 Miss Ms

Last name	First(given) Name	Middle Name(s)	Preferred first name
Home Address		City/town	Province
		Postal Code	
Telephone(Home)	Telephone(Business)	Fax	Cell
Employer		Job Title	
Business Address		City/town	Province
		Postal Code	
Email Address			

Courses Details

Course Name	Course Number	Start Date	Course Fee
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
			Total _____

Payment Options

Full fees must accompany registration

- Cash-In-person only
 Pay by Email (Canada only)
 Cheque/Money Order - Payable to the Kadas Solutions (post-dated cheques will not accepted).

Invoice Employer - A request to invoice must be on letterhead and authorized by an official of the employer or sponsoring agency.

Payment by Credit Card - (complete the given section)

Visa Master card
 Credit Card Number: _____
 Expiry Date: ____/____/____
 Card holder's Name (as it appears on the card): _____
 Amount \$ _____
 Authorizing signature: _____

I have read the **terms of use** and **refund policy** and I accept the same refund policy and terms of use are hyperlinks pointing to the documents

Signature: _____ Date: ____/____/2011

Send your completed form by

1. Fax : 1-204 - 480 - 4863
2. Email: registration@kadas.ca

3. Mail: Kadas Solutions
628 Scurfield Blvd
Winnipeg, MB R3Y 1S8

Phone: 1-204-297-8971
Website: www.kadas.ca