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REGISTRATION FORM

PLEASE RETURN REGISTRATION FORM WITH PAYMENT.

AS CONFIRMATION, AN ACKNOWLEDGEMENT OF

REGISTRATION WILL BE EMAILED.
Please PRINT the Requested Information.
WORKSHOP(S) PAID FOR BY: ☐ AGENCY ☐ PARTICIPANT ☐ OTHER * TDIN → DO NOT COMPLETE, PLEASE CONTACT TDIN!
AGENCY NAME:
PROGRAM NAME:
Apppropr
ADDRESS:
CITY & POSTAL CODE:
PHONE & EXT.:
THORE & EXT
FAX:
CONTACT NAME:
CONTACT EMAIL:
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★ FIRST REGISTRATION REQUEST PARTICIPANT'S NAME (PLEASE PRINT):	
Are you working towards a THTC certificate? ☐ Yes ☐ No POSITION:	1
PHONE & EXT.:	
PARTICIPANT'S EMAIL:	
WORKSHOP TITLE:	1
DATE & TIME:	
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★ SECOND REGISTRATION REQUEST PARTICIPANT'S NAME (PLEASE PRINT):	
PARTICIPANT'S NAME (PLEASE PRINT): Are you working towards a THTC certificate? Yes No	
PARTICIPANT'S NAME (PLEASE PRINT): Are you working towards a THTC certificate? Yes No POSITION:	
PARTICIPANT'S NAME (PLEASE PRINT): Are you working towards a THTC certificate? Yes No POSITION: PHONE & EXT.:	

Methods of payment accepted: agency cheque, money order, certified cheque or cash.

★ Interac, Mastercard and Visa accepted onsite.

Please make payable to Toronto Hostels Training Centre. Indicate the participant's name, workshop title, date & time. Should you need to cancel, payment will be credited to a future workshop of your choice, provided we have at least seven (7) business days prior notice (the cancellation notice date is counted as day 1, the date of the registered session is not counted). Otherwise the full cost of the workshop will be charged back to the relevant agency or participant.

The Training Centre will not be held financially responsible for cancellations not received within the cancellation period. It is the responsibility of the prospective agency and/or individual to ensure that the cancellation has been received.

All workshop cancellations/changes must be received in writing.

Please be prompt for your workshop, lateness will result in not receiving a certificate and/or being refused admittance. See website for more information.

SUPERVISOR'S SIGNATURE:

SUPERVISOR'S NAME:

BY SUBMITTING THIS COMPLETED REGISTRATION FORM IT IS ACKNOWLEDGED THAT YOU HAVE READ AND UNDERSTOOD THE TRAINING CENTRE POLICIES AND **GUIDELINES.**

THTC USE ONLY: THTC NonTHTC
PAYMENT RECEIVED: ☐ Yes ☐ No ☐FREE TRAINING: No Show/ Charge Back Fee \$25 Applies
registration(s) @ each \$ = \$
registration(s) @ each \$ = \$
TOTAL = \$