



Alarm Technician Course Level 2 Registration Form (page 2 of 2)

Please print all information carefully in the boxes below using uppercase characters.

Prefix	First Name
<input type="text"/>	<input type="text"/>

Last Name (Family Name, Surname)
<input type="text"/>

Job Title
<input type="text"/>

Company Name
<input type="text"/>

Business Street Address
<input type="text"/>

City
<input type="text"/>

Province
<input type="text"/>

Postal Code
<input type="text"/>

Business Telephone Number
<input type="text"/>

E-Mail Address
<input type="text"/>

Business Fax Number
<input type="text"/>

TERM AND CONDITIONS

- **No refunds will be issued.** If the student cannot attend, another person from the same company may attend in their place.
- In the event of insufficient registration, The Canadian Security Association (CANASA) reserves the right to cancel a class. In this event, the student may elect to attend another class or receive a full refund.
- The student agrees to have his/her name published in any promotional material associated with attending the Alarm Technician Level Level 2 Course, unless indicated below.

Please check here if you **do not** wish to have your name published for promotional purposes

I acknowledge that I have read and understood the terms and conditions as set out in this document.

Signature

Print Name