



# Seminar Registration Form

Please write clearly in BLOCK CAPITALS. Mail, fax or email information entered on this form, to Credit Guru Inc, *Corporate Credit & Receivable Management Solutions* division. (Details given at the bottom of this form). Photocopies are acceptable. Please photocopy for your own records.

## 1. Attendee, Course and Company Information

|  |           |            |           |
|--|-----------|------------|-----------|
| Course Name:   |           | Location:  | Date      |
| First Name:  |           | Last Name: |           |
| Company Name:  |           |            |           |
| Salutation: <i>Delete as applicable</i> Mr / Mrs / Miss / Ms / Other ____  |           | Title:     |           |
| Correspondence Address:  |           | Telephone: |           |
|  |           | Mobile:    |           |
|  |           | Fax:       |           |
| City:  |           | Email:     |           |
| Country:   | Postcode: |            |           |
| Invoice Address: <i>If different than above.</i>   |           |            |           |
|  |           |            |           |
| City:  |           | Country:   | Postcode: |
| Comments/ Instructions: <i>if any</i>  |           |            |           |
|  |           |            |           |
| How did you hear about Us? Website <input type="checkbox"/> Fax <input type="checkbox"/> Family/Friend <input type="checkbox"/> Sales Rep <input type="checkbox"/> Advert <input type="checkbox"/> Brochure <input type="checkbox"/> Other _____ |           |            |           |

## 2. Method of payment *Please check the appropriate method of payment. [FEE = \$ /attendee | \$ /attendee - for 2 or more attendees]*

*If registering more than one attendee please use separate forms but send the forms together to receive the TEAM SAVINGS REBATE.*

**A. Invoice:** i) Invoice me  OR ii) Invoice my Company

**B. Cheque/Check**  
I enclose a cheque for: Total fees \$ \_\_\_\_\_ (add 13% HST)  [Make payable to 'Credit Guru Inc.' and mail to the Address given below.]

**C. Credit card**  
I wish to pay by credit card. Please charge the: Total fees \$ \_\_\_\_\_ (add 13% HST)  to my Visa / MasterCard / American Express  
*(Delete as applicable)*

Card number: / / /  Expiry date: /

*(Visa/MasterCard)*

Card number: / /  Expiry date: /

*(American Express)*

Cardholder name: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

Cardholder address: \_\_\_\_\_

## 3. Authorization *Please have an authorized person sign the form to confirm this registration*

**Signature:** \_\_\_\_\_ **Date:** Day  Month  Year

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

*If you wish to receive news and information about Credit Guru Inc's other courses please check this box*



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