



INSTALLER TRAINING SEMINAR

- REGISTRATION FORM -

SERVICE REPRESENTATIVE: _____

NAME OF COMPANY: _____

NAME OF CONTACT: _____

TITLE: _____

PHYSICAL ADDRESS OF COMPANY: _____

MAILING ADDRESS (IF DIFFERENT): _____

PHONE NUMBER: _____

CELL NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

TYPE OF BUSINESS/OCCUPATION (i.e. contractor, builder, architect, engineer, etc.): _____

Have you been in contact with a Legalett Service Representative? YES / NO
If yes, please provide the name of your contact: _____

PAYMENT: VISA/ MC CARD, Check or Other (Circle One)

NAME: _____ AMOUNT: _____

CARD #: _____ EXPIRY DATE: _____

CARDHOLDER SIGNATURE: _____

DATE: _____ **LOCATION:** _____

- Participants will receive classroom training and technical materials.
- **Please contact your Legalett Service Rep. for current Training Course Fee, preferred method of payment and actual course times/duration.**
- Hours are approximately 10:00 AM to 2:00 PM, coffee and lunch are provided.
- In order to register or apply, please give this form to your Legalett Service Rep. or fax to 613-937-0125.

• For further course details please visit the upcoming events at www.legalett.ca