

REGISTRATION FORM

POLYSOMNOGRAPHY COURSE SESSION: SEPT 2015

PSG COURSES ARE HELD AT SLEEP AND ALERTNESS CLINIC,
750 DUNDAS STREET WEST, SUITE 2-259, CONFERENCE ROOM
TORONTO, ON, M6J 3S3, CANADA
TEL 416-603-5075 FAX: 416-603-5360

TO REGISTRAR FOR POLYSOMNOGRAPHY COURSE SESSION: SEPT 2015 PLEASE COMPLETE THE FORM BELOW

Application Date: _____

Name: _____
(Last Name) (First Name) (Title)

Mailing Address: _____

Telephone: Home: _____ Cell: _____

Email: _____

Employer: _____

Signature: _____ Date _____

The total 17 Sessions Course fee of **\$750.00 CDN**

We accept payment by **cheque or cash** (Canadian currency only), **money order** or **VISA/Master Card credit cards** (below).

Please make cheques payable to: **Sleep and Alertness Clinic.**

METHOD OF PAYMENT: VISA MASTER CARD CHEQUE MONEY ORDER CASH (RECEIVED BY _____)

CREDIT CARD: NUMBER: _____ **EXPIRY DATE: MM:** ____/YY ____

SECURITY CODE : _____ **CARDHOLDER'S SIGNATURE:** _____

CARDHOLDER'S NAME: _____ **TELEPHONE #:** _____
(PRINTED as appears on the card)

Note: Cancellations received after 48 hours of registration deadline (**30th July 2015**) will not be eligible for any Refund. Cancellations will be accepted via fax or e-mail, and must be received by the stated cancellation deadline.

Completed Registration form Received by _____