

CanSIA Solar Hot Water System Installer Workshop Registration Form Submit this form with payment information and mail or fax documents to: Mailing Address: TRCA, 5 Shoreham Dr. Downsview, Ontario M3N 1S4 Fax number: 416-667-6271

First Name		Last	Name:		
Address:		City:	Province:	Postal Code:	
Telephone	:		*Email:		
Company	Organization Nam	e:		Website Address:	
Special Re	quirements? (i.e. d	ietary, mobility)			
Solar Ho	t Water Syster	m Installer Workshop Inf	ormation		
	Kortright Centre	ey Dr. Woodbridge, Ontario, L4l		39)	
Date:	Monday, April 2				
Time:	8 am – 5 pm (inc	– 5 pm (including Exam, which runs from 3 pm – 5 pm)			
				rement for CanSIA Certificationcertification for full certification requirement	
- No refu subject - All pay - Regist	t to a \$50 administ ments must be r ration fees also i		o. refreshments.	I requests must be made in writing and are	
CanSIA Solar Hot Water System Installer Workshop – N				\$295	
☐ CanSIA	Solar Hot Water S	System Exam – Both CanSIA ar	nd Non-CanSIA Members	: \$ 75	
			Total Cos	t \$	
Payment Payment					
		☐ Charge Card Payment:	☐ Visa ☐	Mastercard	
Credit Ca	rd Information:	Card #:			
		Expiry Date:			
Name on (Card:				
-					

Note: Please Sign and Fax/Mail Waiver Sheet Below



<u>CanSIA Solar Hot Water System</u> <u>Installer Workshop Privacy Waiver</u>

CanSIA maintains a database of Workshop participants in order to effectively communicate all necessary follow up, such as providing tests results and any additional educational or other information for the benefit of the individual. This database information will not be sold or made available outside of CanSIA except in respect of legitimate CanSIA obligations, activities and requirements.

By participating in this maintained and used by	CanSIA.
Ι	hereby give permission to allow
CanSIA to maintain my	contact and other provided information within CanSIA'
database and to use suc	h information as set out in this waiver.
Date:	Signature: