

Course Registration Form

Please complete the following Course Registration Form and send it to:

Vanguard EMC Inc
3375 Heidi St
Navan, ON K4B 1P3
ATTN: Training Coordinator

training@vanguardemergency.com

Name: _____

Email Address: _____

Phone Number: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Course Title: _____

Preferred Course Date: _____

Alternate Course Date (if applicable): _____

- Region (select one):**
- East
 - Quebec
 - Ontario/Nunavut
 - Prairies (Manitoba, Saskatchewan, Northwest Territories)
 - West (Alberta/British Columbia/Yukon)

- Sector (select one):**
- Municipal Government
 - Provincial Government
 - Federal Government
 - Private

Please allow 1 week for transit. Once your registration has been processed, you will receive a confirmation of registration by email.