



**DISTRICT OF 100 MILE HOUSE
EMERGENCY SERVICES TRAINING CENTRE
COURSE REGISTRATION FORM**

LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL
POSITION	DEPARTMENT	

Department Address

STREET NAME AND ADDRESS			
CITY/TOWN		PROVINCE/STATE	
POSTAL CODE/ZIPCODE	EMAIL ADDRESS		
Bus. PHONE ()	FAX ()	CELL PHONE ()	

COURSE NAME	COURSE NO.	START DATE	COURSE FEE
TOTAL FEE:			

<p>ENCLOSED IS MY COURSE FEE PAYMENT BY:</p> <p><input type="checkbox"/> Cheque or money order. <input type="checkbox"/> PO PO# _____</p>
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Send your registration form and payment or the same information by e-mail to:

**District of 100 Mile House Emergency Services Training Centre
Box 340 100 Mile House, BC V0K 2E0**

For registration only: Phone 250-395-2123 Fax 250-395-1232

Email: tmcdermid@dist100milehouse.bc.ca

Please use one registration form per student. Photocopy this form for use by each additional student.

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