



(PLEASE PRINT CLEARLY)

Email completed form now Today's date:

APPLICANT INFORMATION

Name: (First, middle & last):		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Locating Experience (# of years):	Home Phone no.:
Home e-mail Address:					Fax no.:
Home mailing address: (correspondence will be sent to the address you provide here)					Cell phone no.:
P.O. Box:	City:	Prov.:		Postal Code:	

EMPLOYER INFORMATION

Employer:			Employer phone no.:		
Employer's Mailing Address:			Fax No.:		
P. O. Box:	City:	Prov.:		Postal Code:	
Name of Supervisor:	Email:				

COURSE / PAYMENT INFORMATION

- Course fee must be paid in full at time of registration.
- For the DPT 200 course, a minimum of 3 years of experience is required. A letter of experience from your employer on company letter-head must be received with your registration application.

Course: (includes course manual & meals)		Course Start Date:	Course Location:			
<input type="checkbox"/> DPT 100 -\$575.00 +74.75(HST) = \$649.75						
<input type="checkbox"/> DPT 200 -\$450.00 +58.50(HST) = \$508.50						
Total \$	Please indicate payment method:	<input type="checkbox"/> Cheque* Payable to Ontario Regional Common Ground Alliance	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	
Cardholder's name (exactly as shown on card)		Card no.:	Expiry date:			

I have read and understand the registration and academic requirements. All **course applicants** must sign this document.

Signature:	Date:
** Please advise of any dietary restrictions**	

FOR OFFICE USE ONLY

Date Received:	<input type="checkbox"/> Letter of experience received
Stamp:	Notes: