

**DAMAGE PREVENTION TECHNICIAN, DPT®
 COURSE REGISTRATION FORM**



(PLEASE PRINT CLEARLY)

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:				
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:			
P. O. Box:	City:	Prov.:	Postal Code:
Name of Supervisor:	Email:		

COURSE / PAYMENT INFORMATION

- **Course fee must be paid in full before the start of the class. See Course Fee Schedule.**
- **For the DPT 200 course, a minimum of 3 years' experience is required. A letter of experience from your employer on company letterhead must be received with your registration application.**

Course: (includes course manual & meals)	Course Start Date:	Course Location:			
ORCGA Member <input type="checkbox"/> DPT 100 <input type="checkbox"/> DPT 200					
Non-Member <input type="checkbox"/> DPT 100 <input type="checkbox"/> DPT 200					
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 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
Notes:	