

Company Registration Form

Centre

Company Information

Company Name

Contact Name

Address

Email

City

Phone Number

Postal Code

Fax Number

Student Information

First Name	Last Name	Birth Date mm/dd/yy	Course Name	Class Date dd/mm/yy	Class Number (SJA Use)

Comments:

Payment Information

Approved Account PO#

Cash

Visa

Mastercard

American Express

Credit Card Number

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Exp Date

Name as shown on Credit Card

Administrative Information

- A \$25.00 administration fee will apply to transfers made within 5 business days of the course start date. Exceptions apply to the IDP, AFA and EMR programs which require 3 weeks' notice. Speak to your Customer Service Representative.
 - Notification of transfer up to the start time of the class (8:00 am) will be completed with an administration fee of \$25.00.
 - Cancellations/Withdrawals with less than five (5) days' notice will be charged \$40.00.
 - Notification of transfer after class commences will be considered a "No Show".
 - Failure to attend, "No Show" will be charged the full cost of the class.
 - **For Recertification Courses a copy of the student's current certification needs to be included with this form.**
 - Please indicate in the comments section if this is to Reschedule or Cancel a previous registration.
 - An email will be sent confirming registration in the selected course and will contain Centre specific information. If you require additional information please contact the Centre.
 - Upon completion of training, original certificates will be provided to students. Upon request a copy of the certificate may be provided to the employees company.
- ** Pre-requisites are required for some of our programs. Please contact staff, website or our course calendar for more information. Students will not be enrolled into these programs until the pre-requisites are completed.

Print Name

Signature

Date

Please print your name, sign and date that you understand and agree to the above terms. St. John Ambulance respects the privacy of the personal information provided on this form and is committed to protecting the information in accordance to the legislative requirements. This information is being collected to ensure accuracy of student registration and will be stored for 3 years. For more information on the SJA Privacy Policy please visit www.stjohn.ab.ca.

Please return completed form to the fax number above.