



# VOI Training Group

Innovative Natural Resource Training

If registering by **email**, please send completed form to: **cindy@voitraining.com**

If registering by **mail**, please mail completed form to: **VOI Training Group, 1280 Ruffels Road, Parksville, BC V9P 2B6**

## **SINGLE PERSON REGISTRATION | PAYMENT BY COMPANY\SPONSOR FORM**

### **Company/Sponsor Information**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### **Registrant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Course Registration**

Environmental Monitoring for Construction Projects Practitioner (EMCPP™) Certificate      Session: \_\_\_\_\_ Fee: \$892.50 (GST Inc.)

Erosion and Sediment Control Practitioner (ESCP™) Certificate      Session: \_\_\_\_\_ Fee: \$892.50 (GST Inc.)

Erosion and Sediment Control - Planning and Design (ESCD1™) Certificate      Session: \_\_\_\_\_ Fee: \$892.50 (GST Inc.)

Environmental Field Procedures for Works In and Around Water Practitioner (EFPP™) Certificate      Session: \_\_\_\_\_ Fee: \$892.50 (GST Inc.)

Practitioner Certificate™ Course Package (select 2, 3 or 4 course sessions)

Course #1      Session: \_\_\_\_\_ Fee: \$892.50 (GST Inc.)

Course #2      Session: \_\_\_\_\_ Fee: \$682.50 (GST Inc.)

Course #3      Session: \_\_\_\_\_ Fee: \$682.50 (GST Inc.)

Course #4      Session: \_\_\_\_\_ Fee: \$682.50 (GST Inc.)

Total Fee (for selected session(s)): \_\_\_\_\_

**Please provide payment information on next page**

# COMPANY PURCHASE SINGLE PARTICIPANT REGISTRATION FORM

## Course Payment

- Invoice** (Invoice due 30 days from invoice date)
- Cheque** (please make payable to Van Osch Innovations Ltd.)
- Visa**    **Mastercard**   (please provide authorization information below)

Name as Shown on Credit Card \*: \_\_\_\_\_

Card Number \* 

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Expiration Date (mm/yy) \* 

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      CVV (3 digit code beside card signature block) \* 

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Cardholder Mailing Address \*: \_\_\_\_\_

Cardholder Phone Number \*: \_\_\_\_\_ Cardholder Email \*: \_\_\_\_\_

**Please check to confirm you agree to registration Terms and Conditions** ([www.voitraining.com/terms-conditions/](http://www.voitraining.com/terms-conditions/))

\* Required if paying by credit card

### NOTE:

- Submit a separate form for each person being registered.
- Invoice and/or receipt will be issued for total seats purchased.
- Invoice due 30 days from invoice date.