



AORS

PROMOTING KNOWLEDGE. PURSUING EXCELLENCE.

TRAFFIC CONTROL BOOK 7 ONLINE LIVE WEBINAR TRAINING SESSIONS ONE FULL DAY COURSE, 8 am to 3 pm

PLEASE PRINT CLEARLY

Please indicate which online live webinar course you will be attending:

<input type="checkbox"/> March 9, 2023	<input type="checkbox"/> March 10, 2023
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SEMINAR REGISTRATION

MUNICIPALITY / EMPLOYER: _____

MAIN CONTACT NAME: _____

BILLING ADDRESS: Street Number & Name _____

PO BOX NUMBER (IF APPLICABLE): _____ CITY: _____ POSTAL CODE: _____

MAIN CONTACT'S EMAIL: _____

MAIN CONTACT'S PHONE #: _____ FAX: _____

****THE MAIN CONTACT PERSON WILL BE EMAILED COURSE MATERIAL AND ONLINE MEETING LINK TO DISTRIBUTE TO ALL PARTICIPANTS.**

PRINT A SHEET FOR ADDITIONAL ATTENDEES

ATTENDEE NAME: _____ JOB TITLE & DEPARTMENT: _____

1. _____

EMAIL: _____ PHONE #: _____

2. _____

EMAIL: _____ PHONE #: _____

3. _____

EMAIL: _____ PHONE #: _____

4. _____

EMAIL: _____ PHONE #: _____

5. _____

EMAIL: _____ PHONE #: _____

SEMINAR FEE:	Member rate \$170 + HST = \$192.10 per person x <input type="text"/>	Attendees = TOTAL FEE: \$ <input type="text"/>
	Non-Member rate \$195 + HST = \$220.35 per person x <input type="text"/>	Attendees = TOTAL FEE: \$ <input type="text"/>

This includes electronic version of all learning materials. (HST #12442 6115 RT)

PAYMENT METHOD CHEQUE (Payable to **Association of Ontario Road Supervisors**) *Payment must be received before course begins*

IF PAYING BY CREDIT CARD, please indicate one: MasterCard VISA (AORS only accepts M/C & Visa)

Card # _____ Name on Card _____

Exp. Date _____ CVV# _____ Signature _____

Once form is complete, submit by email to admin@aors.on.ca

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