



AORS

PROMOTING KNOWLEDGE. PURSUING EXCELLENCE

PUBLIC WORKS LEADERSHIP DEVELOPMENT PROGRAM (PWLDP) CRS / CRS-I / CRS-S SEMINAR REGISTRATION – **PRINT CLEARLY**

MUNICIPALITY/EMPLOYER:

NAME OF PARTICIPANT:

Is participant **personally** an AORS Member? Yes No If **yes, MUST** provide their membership information below:

CRS #: **OR** 2021 Paid Member of **Which** AORS Local Association: **OR** 2021 Paid AORS Individual Member Yes / No

Position Title: Dept:

Print Clearly Participant's **Complete** Mailing Address, including PO Box # if applicable (**WILL BE USED TO MAIL COURSE MATERIAL TO**):
Street Number, Street Name & PO Box:

City/Town: Postal Code:

Participant's Direct Email (**WILL BE USED TO EMAIL COURSE MEETING LINK(S) TO**):

Phone #: Fax #:

Alternate Contact Person: Alternate Person's Email:

Please indicate **v** which online live webinar course(s) you will be attending:

CRS <input type="checkbox"/>	Local Government – Mar. 23, 2021 <input type="checkbox"/>	Customer Service – Mar. 24, 2021 <input type="checkbox"/>	Leadership & Supervision – Mar. 25, 2021 <input type="checkbox"/>
CRS-I <input type="checkbox"/>	Financial Management – Apr. 7, 2021 <input type="checkbox"/>	Talent Management – Apr. 8, 2021 <input type="checkbox"/>	
CRS <input type="checkbox"/>	Local Government – Apr. 20, 2021 <input type="checkbox"/>	Customer Service – Apr. 21, 2021 <input type="checkbox"/>	Leadership & Supervision – Apr. 22, 2021 <input type="checkbox"/>
CRS <input type="checkbox"/>	Local Government – May 11, 2021 <input type="checkbox"/>	Customer Service – May 12, 2021 <input type="checkbox"/>	Leadership & Supervision – May 13, 2021 <input type="checkbox"/>

COST:

AORS Member	\$575.00 + HST = \$649.75 each course	X _____ course(s)	=	\$ _____
Non-Member	\$595.00 + HST = \$672.35 each course	X _____ course(s)	=	\$ _____
	(HST #12442 6115 RT)	TOTAL FEE	=	\$ _____

PAYMENT METHOD v:

CHEQUE (Cheque payable to Association of Ontario Road Supervisors). Must be received before course begins.

IF PAYING BY CREDIT CARD, please indicate v one: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Card # _____	Name on Card _____
Exp. Date _____ CVV# _____	Signature _____

CANCELLATION POLICY:

If written cancellation is received at least 20 working days in advance of registration deadline – 100% refund (less \$50.00 administration fee)
 If written cancellation is received at least 10 - 19 working days in advance – 50% refund
 If written cancellation is received less than 10 working days in advance – no refund
 If payment has not been received at time of cancellation, an invoice will be issued for the appropriate amount as costs will have already been incurred. Substitutions are subject to a \$50.00 administration fee.

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