

Seminar Registration Form

Please write clearly in BLOCK CAPITALS. Mail, fax or email information entered on this form, to Credit Guru Inc, *Corporate Credit & Receivable Management Solutions* division. (Details given at the bottom of this form). Photocopies are acceptable. Please photocopy for your own records.

1. Attendee, Course and Company Information

Course Name: CREDIT MANAGEMENT – ANALYSIS, APPLICATION AND POLICY	Location: Date	
First Name:	Last Name:	
Company Name:		
Salutation: Delete as applicable Mr / Mrs / Miss / Ms / Other	Title:	
Correspondence Address:	Telephone:	
	Mobile:	
Fax:		
City:	Email:	
Country: Postcode:	-	
Invoice Address: If different than above.		
City: Country:	Postcode:	
Comments/ Instructions: if any		
How did you hear about Us? Website ☐ Fax ☐ Family/ Sales Rep Adv	vert Brochure O	ther
2. Method of payment Please check the appropriate method of payment. [FEE = \$395/attendee \$375/attendee - for 2 or more attendees] If registering more than one attendee please use separate forms but send the forms together to receive the TEAM SAVINGS REBATE. A. Invoice: i) Invoice me OR ii) Invoice my Company B. Cheque/Check I enclose a cheque for: Total fees \$ (add 13% HST) [Make payable to 'Credit Guru Inc.' and mail to the Address given below.] C. Credit card I wish to pay by credit card. Please charge the: Total fees \$ (add 13% HST) to my Visa / MasterCard / American Express (Delete as applicable)		
Card number:/		
ardholder name: Cardholder signature:		
Cardholder address:		
3. Authorization Please have an authorized person sign the form to confirm this registration		
Signature: Date: Day Month Year		
Name: Title:		
If you wish to receive news and information about Credit Guru Inc's other courses please check this box		

Credit Guru Inc.

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