



LAW ENFORCEMENT TRAINING PROGRAM REGISTRATION FORM

Course: _____
Location: _____
Dates: _____

ATTENDEE INFORMATION

Name: _____
Position: _____
Address: _____
Phone: _____ **Email:** _____
Municipality/Agency: _____
Mailing Address: _____ **Phone:** _____

PAYMENT INFORMATION

Cheque payable to Lac La Biche County (submit to PO Box 1679, Lac La Biche, AB T0A2C0)

Invoice

Credit Card Visa Mastercard

Card #: _____

Name on Credit Card: _____

Billing Address: _____

Expiration Date: _____ CCV: _____ Signature: _____

Once completed, please send this form to training@laclabichedcounty.com

**** If GST exempt please provide GST exemption letter****

CANCELLATION/REFUNDS

Cancellations received less than 72hrs in advance will result in **no refund**. Cancellations received between 2 weeks and 72hrs in advance will result in **50% refund**.

The personal information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used for the purpose of registering and billing. The information on this form will not be disclosed outside of the Lac La Biche County.