ALBERTA LAW ENFORCEMENT TRAINING CENTRE 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@laclabichecounty.com

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

CANCELLATION/REFUNDS

Cancellations received less than 72 hours 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 4(c) of the Protection of Privacy Act (POPA). It will be used for the purpose of registering and billing. The information on this form will not be disclosed outside of Lac La Biche County.