



REGISTRATION FORM

COURSE _____

LOCATION _____

DATES _____

ATTENDEE INFORMATION

FULL NAME _____

POSITION/TITLE _____

ADDRESS _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ CELL _____ EMAIL ADDRESS _____

MUNICIPALITY/AGENCY _____

MAILING ADDRESS _____ PHONE _____

PAYMENT INFORMATION

☐ Cheque Payable to **Lac La Biche County** (submit to PO Box 1679, Lac La Biche, AB T0A 2C0)

☐ Credit Card Type ☐ Visa ☐ Mastercard Card Number# _____

Name on Credit Card _____

Billing Address _____

Expiration Date _____ CV2 Code _____ Cardholder Signature _____

Please complete this form and scan back to training@lACLbichecounty.com