



AIR TRANSPORT ASSOCIATION OF CANADA

Safety Management Systems (SMS) Workshop Registration Form – Vancouver February 21 - 23, 2012

COMPANY CONTACT INFORMATION

Full Name		Title
Are you the Accountable Executive YES <input type="checkbox"/> NO <input type="checkbox"/>		If not, who is:
Organization		
Street Address		
City	Prov.	Postal Code
Phone	E-mail Address	
Type of operations (check all that applies)	406 <input type="checkbox"/> 702 <input type="checkbox"/> 703 <input type="checkbox"/> 704 <input type="checkbox"/>	How many participants will be attending? _____

PARTICIPANTS (IF MORE THAN THREE PARTICIPANTS, PLEASE USE A BLANK PAGE)

Last Name		First Name
Phone		E-mail Address
Last Name		First Name
Phone		E-mail Address
Last Name		First Name
Phone		E-mail Address

WORKSHOP FEES

Company Registration - Includes: Company registration for one (1) participant, a copy of the Tool Kit and a copy of the Workshop Guide	<input type="checkbox"/> \$1,500	\$ _____
Additional Participants - Additional Participants attending the above company registration workshop – Includes a copy of Workshop Guide	<input type="checkbox"/> \$ 250 per person X _____	\$ _____
Additional Workshops - For returning companies who would like to send a participant(s) to any additional scheduled workshops. - Includes a copy of Workshop Guide	<input type="checkbox"/> \$ 500 per person X _____	\$ _____
Sub-Total		\$ _____
(HST # R106690449)		HST 12% \$ _____
Total		\$ _____

PAYMENT METHOD CHEQUE VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number	Expiry Date
Name on Credit Card	CID
Signature	Date

Spaces are limited. Invoice is payable upon receipt to secure your seat. We accept cheque, Visa, MasterCard and Amex. Meals are the responsibility of the participants.

Please send completed form to:
 Air Transport Association of Canada, Attention: Danielle Lavoie
 255 Albert Street, Ottawa, ON K1P 6A9
 Fax: 613-230-8648