



**AIR TRANSPORT ASSOCIATION OF CANADA**  
 Safety Management Systems (SMS) Workshop Registration Form – NON MEMBER  
 November 20-22, 2013  
 Montreal, QC

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"/> 705 <input type="checkbox"/>		How many participants will be attending? _____	
PARTICIPANTS (IF MORE THAN THREE ADDITIONAL 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			
<b>Company Registration</b> - Includes: Company registration for one (1) participant and a copy of the Workshop Guide. Tool Kit not provided to non-members and can be purchased for \$5,000		<input type="checkbox"/> \$1,400 - Workshop <input type="checkbox"/> \$5,000 - Tool Kit	\$ _____
<b>Additional Participants</b> - Includes a copy of the Workshop Guide		<input type="checkbox"/> \$ 500 per person x ____	\$ _____
			Sub-Total \$ _____
(QST # 1019187591) (GST # R106690449)		<b>GST &amp; QST 14.975%</b>	\$ _____
			<b>Total</b> \$ _____
PAYMENT METHOD <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
Credit Card Number		Expiry Date	
Name on Credit Card		CID	
Signature		Date	

**Spaces are limited.** We accept Visa, MasterCard and Amex. Lunch is included for each day of the workshop.

**Please send completed form to:**  
 Danielle Lavoie  
 Air Transport Association of Canada  
 255 Albert Street, Ottawa, ON K1P 6A9  
 Fax: 613-230-8648  
[dlavoie@atac.ca](mailto:dlavoie@atac.ca)