



Course Registration Form

2020

First Name: _____ Last Name: _____

Phone Number: _____ Occupation: _____

Mailing Address: _____

Email Address: _____

Course Name: _____

Course Date: _____

Payment Details (circle):

Cheque enclosed

Credit Card

eTransfer Sent

Credit Card Information:

Number: _____

Card Holder's Name: _____ Type of Card (circle): Visa Mastercard

Expiration Date: _____ CVV (security code on back of card): _____

Please complete and return to admin@commonsensemediation.ca

Please email us if you have any questions