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|  |  | **IDEAL** Life Safety Solutions  Box 275  DAUPHIN MB R7N 2V2  [www.idealsafetysolutions.com](http://www.idealsafetysolutions.com)  [al@ideallss.ca](mailto:al@ideallss.ca)  204 638 2693 |
| COURSE APPLICATION FORM | | |

ALL INFORMATION PROVIDED ON THIS FORM IS HELD IN THE STRICTEST CONFIDENCE

|  |  |
| --- | --- |
| **COURSE TITLE:** |  |
| **COURSE DATES:** |  |
| **COURSE LOCATION:** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **SURNAME:** |  | | | | **M** | **F** |
| **GIVEN NAMES:** |  | | | | | |
| **ADDRESS:** |  | | | | | |
| **COMMUNITY:** |  | **POSTAL CODE** | |  | | |
| **PROVINCE:** |  | | | | | |
| **HOME PHONE:** |  | **CELL PHONE** |  | | | |
| **EMAIL ADDRESS:** |  | | | | | |
| **REPRESENTING:** |  | | | | | |
| **WORK ADDRESS:** |  | | | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| APPLICANT SIGNATURE |  | APPLICATION DATE |

Thank You For Your Application !

**EMAIL or MAIL YOUR APPLICATION TO US AT THE ADDRESS ABOVE**

**WE MUST BE IN RECEIPT OF YOUR APPLICATION 2 WEEKS BEFORE THE COURSE OFFERING**

**BY SUBMITTING THIS APPLICATION, YOU ARE COMMITTING TO FULL COURSE PAYMENT UNLESS YOU REMOVE YOURSELF FROM THE COURSE AT LEAST 7 DAYS IN ADVANCE OF OFFERING VIA EMAIL.**