



AAPS

AAPS Training Centre
200 Consumers Road, Suite 200, Toronto, Ontario, M2J 4R4
Tel: 416-502-2277
Fax: 416-502-2278

www.aaps.ca

To register for one of our professional seminars, please fill in the form below and mail or fax it to the AAPS training centre. Additionally, you may also call us at 416-502-2277 to register for one of our courses.

REGISTRATION FORM

Name: _____

Title: _____

Company: _____

Address: _____

City _____ State: _____ Zip: _____

Telephone _____ Fax: _____

E-Mail: _____

Signature: _____

I will attend : _____ \$ _____
Course Name Course Fee

Please bill my company P.O# _____

Visa Master Card Amex
(to be paid on the day of the workshop)

Credit Card Number

Exp. Date

***Registration Fee Includes:**

Presentation Materials, Luncheon, Refreshment and Free Parking. Please indicate any special dietary requirements when registering for the course.

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