



AJAG PROFESSIONAL DEVELOPMENT 2009-2010 Registration Form

**Please Fax This Completed Registration Form to
(905) 881-8360**

AJAG MANAGEMENT INC.

2 - 146 West Beaver Creek Road
Richmond Hill, ON L4B 1C2

Tel. (905) 881-9285

Fax. (905) 881-8360

E-mail: info@ajag.ca

Firm Name _____ Billing Administrator _____

Address _____

Telephone _____ Email address _____

Program or Course Selection:

	Location (if registering for a complete program)	Course # (if registering for individual courses)
1		
2		
3		
4		
5		
6		

Registration Fee Calculator:

No. of Registrants _____ X \$ 795.00 (for complete programs only) = \$ _____

Add: Annual Administration fee (see schedule below) = \$ _____

No. of Registrants _____ X \$125.00 (for individual courses only) = \$ _____

Sub Total = \$ _____

(GST # 86659 2876 RT0001) GST 5% = \$ _____

Total = \$ _____

Administration Fee calculator:

Group of 1 - 5 \$ 75.00 (plus GST) per person

Group of 6 - 10 \$ 55.00 (plus GST) per person

Group of 11 - 20 \$ 37.50 (plus GST) per person

Group of 21 + \$ 27.50 (plus GST) per person

For Internal Use Only

Date Received	
Payment Method	
Credit Card Confirmation Number	

Credit Card Details (VISA only)

Number _____ Expiry Date _____

Name of Cardholder _____

Authorized Signature _____

By SUBMITTING THIS FORM I CONFIRM THAT I AGREE TO THE TERMS AND CONDITIONS OF REGISTRATION AS SET OUT IN OUR WEBSITE WWW.AJAG.CA.

Please provide a list of all potential course participants who will make use of the seats which your firm / group is registering for. Each name **MUST** have a **UNIQUE** email address.

	LAST NAME	FIRST NAME	EMAIL ADDRESS
#1:			
#2:			
#3:			
#4:			
#5:			
#6:			
#7:			
#8:			
#9:			
#10:			
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#25:			