



Toronto Hostels Training Centre REGISTRATION FORM

Agency Name & Address (Please Print):

Telephone:

Fax:

Email:

Contact Name:

Please return Registration Form with payment.
As confirmation, this registration will be sent to you by fax. There will be no further reminders.

Payment must be received at the time of registration. Please make cheque payable to the Toronto Hostels Training Centre. Indicate the participant's name, workshop title, date & time. Should you need to cancel, payment will be credited to a future workshop of your choice, **provided we have at least seven business days notice**. **Otherwise the full cost of the workshop will be charged back to the relevant agency or participant.** The Training Centre will not be held financially responsible for cancellations not received within the cancellation period. It is the responsibility of the prospective agency and/or individual to ensure that the cancellation has been received. **All workshop cancellations/changes must be received in writing.** Please be prompt for your workshop, lateness will result in not receiving a certificate and/or being refused admittance. See website for more information.

PARTICIPANT'S NAME:

WORKSHOP TITLE, DATE & TIME:

_____ registration(s) @ each \$ _____ = \$ _____

_____ registration(s) @ each \$ _____ = \$ _____

TOTAL = \$ _____

Workshop(s) paid for by: Agency Participant

Supervisor's Signature: _____

Supervisor's Name: _____

By submitting this completed registration form it is acknowledged that you have read and understood the Training Centre Policies and Guidelines.

PARTICIPANT'S NAME:

WORKSHOP TITLE, DATE & TIME:

OFFICE USE ONLY: THTC Non-THTC