



**ORDERS**  
800.733.6786  
**FAX**  
604.608.3820

**SOLUTION TREE EDUCATION CANADA**  
PO Box 3250  
Mission, BC V2V 4J4

**solution-tree.com**

ST INET

Priority Code \_\_\_\_\_

Event/Location	Dates	Rate Per Person	Number of Registrants	Total
			SUBTOTAL	\$
			Include applicable HST or GST/PST	\$
			CAD GRAND TOTAL	\$

#### REGISTRANT

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

#### ADDITIONAL REGISTRANTS

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

To register a group of 6 or more, visit [solution-tree.com/GroupRegistrations](http://solution-tree.com/GroupRegistrations) for a multiple registration form.

☐ Yes ☐ No Continue sending materials from Solution Tree.

#### METHOD OF PAYMENT

Registrations will be processed and seats will be held after payment is received.

☐ Cheque enclosed (Payable to Solution Tree Education Canada Inc.)

☐ Purchase Order enclosed (We will process your registration when we receive your official purchase order and completed registration form.  
All purchase orders must note payment terms of net 30 days from the date of invoice.)

☐ Visa ☐ MasterCard

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

#### BILL TO (if different)

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

#### How did you hear about this event?

☐ Catalog or flyer ☐ Email  
☐ Print ad ☐ Online ad  
☐ Solution Tree website ☐ Word of mouth  
Other (please specify): \_\_\_\_\_

If you send a substitute, please provide his or her name and email address and send your request to [registration@solution-tree.com](mailto:registration@solution-tree.com) or fax to 604.608.3820.  
All cancellations must be in writing and sent to [registration@solution-tree.com](mailto:registration@solution-tree.com) or faxed to 604.608.3820. Cancellations more than 90 days prior require a \$100 processing fee per person. Cancellations between 10 and 90 days require half of the registration fee per person. There are no refunds for cancellations less than 10 days prior.