

340 Ave. Dorval, C.P. 53019

Dorval (Qc) H9P 5W4

**Formulaire d'inscription | Registration form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type de formation  Type of training | | Cliquez ici | Clic here | | | | | | | |
| Les chèques doivent être fait à l'ordre EDUMAX Inc.  Nous paierons par chèque le 1er jour de la session  Veuillez nous facturer. No. de bon de commande : | | | | | | Check must be made payable to: EDUMAX Inc.  Check will be brought to seminar.  Please invoice. Purchase order Number: | | | |
| Nom de l'entreprise  Company Name |  | | | | | | | | |
| Adresse  Address |  | | | | | | | | |
| Ville  City |  | | | Province | |  | Code postal  Postal Code | |  |
| Personne ressource  Contact name |  | | | | | | Titre  Title | |  |
| Téléphone  Phone |  | | | Extension | |  | Cellulaire  Cellphone | |  |
| Adresse courriel  Email Address |  | | | | | | Date de la formation Training date | | Cliquez ici | Clic here. |
| Signature |  | | | | | | Date de l'inscription  Registration date | | Cliquez ici | Clic here. |
| **Participants** | | | | | **Pour courtier seulement | For broker only** | | | | |
| **Prénom**  **First Name** | **Nom de famille**  **Last Name** | | **Employé**  **Employee** | | **Nom de l'entreprise** | | | **Adresse de l'entreprise** | |
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Veuillez envoyer le formulaire à l'adresse suivante | Please send the form at the following address: info@edumax.ca

[](tel:+15148935032)[https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcQbNutB8yM9yguLXtOswp42OJZF5lTy5gAq8YvP-_4SavJNcrfk](mailto:info@edumax.ca)[http://www.icône.com/images/icones/1/4/applications-internet-3.png](http://www.edumax.ca)

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