

 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'entrepriseCompany Name |       |
| AdresseAddress |       |
| VilleCity |       | Province |       | Code postalPostal Code |       |
| Personne ressourceContact name  |       | TitreTitle  |       |
| TéléphonePhone |       | Extension |       | CellulaireCellphone |       |
| Adresse courrielEmail Address |       | Date de la formation Training date | Cliquez ici | Clic here. |
| Signature |       | Date de l'inscriptionRegistration 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



 514-893-5032 www.edumax.ca info@edumax.ca