

**PERSONAL INFORMATION**

canfitpro ID  Home Phone  Work Phone  Mobile

Name Please print your name as you would like it to appear on your certificate.  
 Miss  Mr  Mrs  Ms  Dr

Date of Birth  Mailing Address  City

Province/State  Country  Postal/Zip Code  Club or Business

Title (fitness instructor, personal trainer)  Email (Mandatory)

**COURSE FEES**

\* Please note, the Active Aging Certificate is an online course

	Course Fee	Total
<b>Member Rate</b>	<b>\$99</b>	
<b>Non-Member Rate</b>	<b>\$119</b>	
◇ Course materials are not eligible for refunds or credits once purchased Professional membership (NEW - \$98; RENEWAL - \$78)	\$ <input type="text"/>	
	<b>SUBTOTAL</b>	<b>\$ <input type="text"/></b>
¥ Business Member discount code must be provided in space, expired codes will not be accepted	- BM Discount¥ <input type="text"/>	<b>\$ <input type="text"/></b>
* GST (Goods and Services Tax) applicable in Quebec, British Columbia, Manitoba, Alberta, Northwest Territories, Nunavut, and Saskatchewan. (Applied to location where course or exam is being held). ** HST (Harmonization of Sales Taxes) applies only to the Canadian provinces of Prince Edward Island (15%), Newfoundland (15%), Nova Scotia (15%), New Brunswick (15%) and Ontario (13%) and includes both GST and PST. (Applied to location where course is being held).	+ *GST at 5% or + **HST at <input type="text"/> %	<b>\$ <input type="text"/></b>
* canfitpro Gift Certificate must be submitted by mail with registration form, no expired certificates will be accepted.	- Gift Certificate <input type="text"/>	<b>\$ <input type="text"/></b>
Help canfitpro build a playground! For more details visit: <a href="http://canfitpro.com/charity">canfitpro.com/charity</a> Donations of \$20 or more will receive a tax receipt.	<b>+\$ <input type="text"/></b>	<b>\$ <input type="text"/></b>
	<b>TOTAL</b>	<b>\$ <input type="text"/></b>

**PAYMENT INFORMATION**

Cheque |  Visa |  MasterCard

Cheque payments payable to 'canfitpro' no post-dated payments accepted)

Credit Card #  Expiry Date  CVV

Name Of Cardholder

**Please check all boxes and provide signature below to acknowledge that you understand all cancellation and registration policies:**

I understand, and agree, that my registration is not complete until the payment for the item(s) is successfully processed and I receive a complete confirmation from canfitpro. I agree that the information I have provided is correct and that any discrepancies, or incorrect information, will delay, or prohibit, me from being registered into the program that I have chosen.

Signature

Date

To complete your registration, save and e-mail this form to [info@canfitpro.com](mailto:info@canfitpro.com)