

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
Member Rate	\$109	
Non-Member Rate	\$129	
◇ Course materials are not eligible for refunds or credits once purchased Professional membership (NEW - \$98; RENEWAL - \$78)	\$ <input type="text"/>	
	SUBTOTAL	\$ <input type="text"/>
¥ Business Member discount code must be provided in space, expired codes will not be accepted	- BM Discount¥ <input type="text"/>	\$ <input type="text"/>
* 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"/> %	\$ <input type="text"/>
* canfitpro Gift Certificate must be submitted by mail with registration form, no expired certificates will be accepted.	- Gift Certificate <input type="text"/>	\$ <input type="text"/>
	TOTAL	\$ <input type="text"/>

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