

May 2010		
Please specify Media - Note DVDs will only play in a computer	<input type="checkbox"/> DVD	<input type="checkbox"/> CD
Last Name		
First Name & Initial		
Street Address		
City / Town		
Postal Code		
Telephone Residence	()	
Telephone Business	()	
Cellular	()	
Fax	()	
E-Mail Address		
Student Signature		
1) I have read and understood all the conditions regarding our refund policy (<i>please see below</i>).	Please initial_____.	
2) In order to receive an invitation to attend the residential session I MUST submit ALL assignments.	Please initial_____.	

Registration Instructions

Mail to:

4Point Learning Systems Inc.
10407 - 40 Avenue
Edmonton, AB
T6J 6L1