



THINKING DRIVER INSTRUCTOR COURSE REGISTRATION FORM

Please complete a separate form for each instructor.

Name: _____
Please print (as it will appear on the Certificate of Completion)

Company: _____ Today's Date: _____

Title: _____

Email: _____ (please include area code)
Office Ph: _____
Cell: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Type of vehicle(s) driven: _____
(list all that apply)

Registering for (Choose one only): Classroom @ \$2295 Practical @ \$2295

Location: _____ Date course starts: _____

Prepayment required to reserve seat.

Please provide credit card information: Visa MasterCard AMEX

Card Number: _____ Exp: _____ / _____

Name on Card: _____ Signature: _____

or Cheque Enclosed # _____ Invoice me: PO # _____

Please forward this registration form to Annette DeCaire:

1. Fax 604-596-0789
2. Scan & Email (signature required) to: adecaire@thinkingdriver.com
3. Mail to: Thinking Driver
12601 – 54th Avenue
Surrey, BC V3X 3C1

Questions? Contact Annette DeCaire at 604-596-0500 or 1-877-250-5601

FOR OFFICE USE ONLY:

_____ Subtotal

_____ GST _____ HST

_____ Total Charged

Authorization # _____

Date Charged: _____