

Course Registration Form

Please complete all fields and email to
 carla.andronico@arcadis.com

PLEASE PRINT CLEARLY Employer _____
 Contact Name _____ Title _____
 Mailing Address _____ City _____
 Postal Code _____ Tel _____ E-mail _____

Course Fees (Please inquire about group rates):

\$400 - 1 day | \$800 - 2 day | \$1,175 - 3 day | \$1,500 - 4 day | \$1,850 - 5 day

1. Student Name _____ WWOCS ID #900 _____
 Course Code _____ Course Name _____
 Course Date _____ Course Location _____
2. Student Name _____ WWOCS ID #900 _____
 Course Code _____ Course Name _____
 Course Date _____ Course Location _____
3. Student Name _____ WWOCS ID #900 _____
 Course Code _____ Course Name _____
 Course Date _____ Course Location _____

Arcadis IBI Group Training & Operations will invoice you in the week the training takes place.

Invoices are sent electronically: E-mail same as contact E-mail _____
 Special Instructions or P.O. #: _____

Total Fees _____ + HST (13%) _____ Grand Total _____

Proof of CEUs or certificates will not be provided until payment is received. Arcadis IBI Group Training and Operations maintains the right to cancel or change the date or location of its events. Registration on confirmed courses is non-refundable; courses are transferrable or a credit will be issued for a future course. See our [FAQs](#) for more information or [Contact Us](#).

By supplying your information, you agree to subscribing to our VIP email list regarding activities that may be of interest to you and your company. We respect your privacy. It is our policy not to share any personally-identifying material obtained through any third party. At any time, you may unsubscribe from our email services.