



CANADIAN SCREENPRINTERS ACADEMY

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Registration Form

You are registering for Screen Printers Academy Training course. Classes are held on
Thursdays & Fridays from 9:00 a.m. to 5:00 p.m. with an hour lunch break

March __ & __ April __ & __ May __ & __

Please fill out this form in its entirety and return it to the address or fax number listed above.

Company: _____

Name: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____ Fax Number _____

E-mail Address: _____

Method of payment: \$495 for 2 days (applicable taxes will apply)

Check, Credit card (visa/mastercard/american express) Money Order

If paying by credit card, please fill out the following: Cardholders's Name _____

Card Number: _____

Expiration Date: _____ Last 3 digits in the signature line on back of card _____

Billing Address of card if different from above:

Number of people attending _____ Total amount due _____

Any refund due will be returned in the same manner as payment was received. Cancellation
refund will incur 25% cancellation fee or you can attend another class within 1 year

Your signature below confirms that you have read and understand the terms and conditions
outlined above and will be attending the selected class.

Signature: _____