REGISTRATION FORM

Please photo copy this form as required and Complete Individual forms for each Technician
(Please Print Clearly)

☐ TSS Account	☐ Fleet	☐ Independent Shop
☐ WD	☐ Other	

Payment Options (please choose one)		
☐ VISA	☐ Master Card	☐ Cheque
Bill to Name:		
Bill to Address:		
City:	Province:	Postal Code:
Phone #:	Fax #:	

Student Name:		
Last	First	Middle Initial
Home Address:		
City:	Province:	Postal Code:
Student Phone: ( )		
Shop Name:		☐ **Same as above**
Address:		
City:	Province:	Postal Code:
Shop Phone: ( )	Shop Fax: ( )	
Email Address:		

Please fill in the appropriate boxes for the courses you wish to attend.

Course Code or Name	Requested Date	Location

In order to process this registration accurately please ensure that all information is correct and complete. Please ensure that a credit card authorization form is completed and submitted. Any incomplete registration forms or credit card authorization forms will be returned for completion. Please sign below to confirm that the above information is accurate and true.

Name:	Position:
Signature:	Date:

Please mail the completed registration form along with payment to:
ACDelco Training Department, 81 Osbourne Rd., Courtice, Ontario, L1E 2R3.
Phone: 1-800-461-8606 Fax: 1-866-536-3545