

# Reliability Maintenance Institute

## Training Program 2010 Registration Form

### Registrant Information (please print)

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Name: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Method (please select your payment method of choice)

Bill my Company Purchase      Order #: \_\_\_\_\_

Cheque Enclosed Cheque      # (payable to SKF Canada Ltd.): \_\_\_\_\_

VISA      Credit Card Number: \_\_\_\_\_

AMEX

MasterCard      Name on Card: \_\_\_\_\_      Expiry Date: \_\_\_\_\_

### Please mail, email or fax the completed registration form to:

Reliability Maintenance Institute

Attention: Sylvie Giroux

40 Executive Court, Scarborough, ON M1S 4N4

Tel: 416-299-2877

Fax: 416-299-5091

Email: training@skf.ca

Please fill out one form per attendee