

ADVANCED LEADERSHIP SKILLS

ENROLLMENT FORM

Approved By: _____ Title: _____
Company: _____
Address: _____
Postal Code: _____ Tel: _____ E-mail: _____

Name & Title:	Number of People Leading
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Enrollment Fee: \$1550/participant + GST

GST # 82052 1607

Enrollments are limited, book your seat/s by emailing the form

I am mailing a cheque in the amount of \$ _____ to cover the enrollment of ____ staff.

Please make the cheque payable to Catalyst Training Services Inc.

Location: Surrey/Langley.

Dates: Five half-day program held on May 29, June 5, 12, 19, 26, 2025, from 8.30 a.m. to 12.30 p.m.

Cancellation Policy: Substitutions may be made. No shows will be invoiced at full fee.

For further information, please contact **Dan Monteiro**
Tel: 604-357-3550 E-mail: dan@catalysttraining.ca