



Canine Specialty Services

Institute of Management and Training

P.O. Box 124 Mtn. Road
Monkton, VT 05469

Course Registration Form

K9Training@caninespecialtyservices.com

Instructions: Complete Registration Form (Microsoft Word 97 - 2002 Interactive) and submit with payment as an e-mail attachment addressed to K9Training@caninespecialtyservices.com, or by postal mail.

Section A Client/Agency Information

Student/Client: (Last Name, First, MI)		Date:	
		S.S.#	
		Title	
Organization:			
Address: (City, State, Zip)			
Country:			
Telephone:	Fax:	E-Mail Address:	

Section B Course Information

Course Title:		Course Date:	
Course Number			
Course Location:			
Course Fee:			

Section C Method of Payment

<input type="checkbox"/> Purchase Order	<input type="checkbox"/> Open Account	<input type="checkbox"/> Contract	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check or Money Order
No.	No.	No.		
Credit Card Information (Type)			Card #	
Name (as it appears on the card):			Exp. Date:	

Please do not make airline or hotel reservations until you receive confirmation from C.S.S.

C.S.S. Official Use

Name:			Title:	
Send Invoice To:				
<input type="checkbox"/>	Purchase Order No.			
<input type="checkbox"/>	Contract Number No.			
<input type="checkbox"/>	Open Account Number No.			
<input type="checkbox"/>	Fee Enclosed			

Return To:

K9Training@caninespecialtyservices.com

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