

TO REGISTER

On-line: www.achievecentre.com

Fax: 204.452.0182

Mail: Suite 200
154 Sherbrook St
Winnipeg, MB R3C 2B4

For more information:

Phone: 204.452.0180

Email: info@achievecentre.com

TERMS & CONDITIONS

Cancellations: Registrations cancelled 7 or more days prior to the workshop are refundable minus a \$50.00 administrative fee. Alternatively you may receive a credit to attend a future training. Cancellations less than 7 days prior to the workshop are non-refundable. If, at anytime, you are unable to attend, you are welcome to transfer your registration to another individual at no extra cost. In this case, please notify our office of the name of the alternate person who will be attending.

We reserve the right to cancel workshops due to unforeseen circumstances or under-enrolment. Liability is limited to a refund of workshop fees only. Please make travel arrangements with this in mind.

To reserve your seat: In order to reserve your seat at the workshop, we require proof of payment. This can include Purchase Orders, Credit Card Numbers or a photocopy of a cheque made out to Achieve Training Centre.

Registration fee includes: A spiral bound training manual and workshop certificate as well as morning and afternoon refreshments.

GST #: 850731787

NEGOTIATION FOR LIFE

Getting What You Need

LOCATIONS

- Edmonton, AB Mar. 25-26, 2010
 Saskatoon, SK April 29-30, 2010
 Dartmouth, NS May 19-20, 2010
 Winnipeg, MB May 27-28, 2010

**More detailed location information is available on-line at www.achievecentre.com.*

RATES (per individual)

Early Rate: To qualify for the early rate, your registration form & payment must be received **3 WEEKS PRIOR** to the workshop date.

Group Rate: Groups of 4+ people are eligible for a 10% discount.

To register, please download a group form from our website or contact our office.

Early

\$260.00+GST=\$273.00
\$260.00+HST=\$293.80

Regular

\$320.00+GST=\$336.00
\$320.00+HST=\$361.60

Please note that **HST** applies to the Atlantic Provinces only.

ABOUT YOU

Name: _____ Job Title: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone: (_____) _____ Home Phone: (_____) _____

Fax: (_____) _____ E-mail: _____

Please clearly **print** your name as you would like it to appear on your certificate:

How did you find out about this workshop?

E-mail Fax Mail Other: _____

How would you prefer to be contacted? E-mail Fax Mail

Within 14 days of processing your registration and payment, a confirmation notice will be sent to you. Please contact our office if you do not receive confirmation.

PAYMENT

Cheque (payable to "ACHIEVE Training Centre") Visa MasterCard

Card Number: _____ Exp: _____

Name on Card: _____ Signature: _____

Would you like to receive an invoice/bill? Yes No

If yes, who should the invoice be made out to? _____

Please provide an address to which it can be sent: _____