



# Module Registration

Please print clearly in dark ink.

## SECTION 1: CONTACT INFORMATION

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

## SECTION 2: MEMBERSHIP INFORMATION

I am an Associate member  
 I am an employee of a Corporate Member Company (if unsure, please leave this section blank)  
 I am a Professional member  
 I am currently NOT a member (General module fees apply)  
 I am currently not a member but wish to purchase a membership,  
 Please select membership type:  Associate (\$99.00 + GST\*=\$105.93)  
 Corporate (\$875.00 + GST\*=\$936.25)  
 (Module rates apply immediately)

Add me to your mailing list

I. Total membership fees due (please include tax\*): \$ \_\_\_\_\_

## SECTION 3: MODULE INFORMATION

Note: To register for more than three modules, please attach additional information to this form

I. Module Name:	Fee Level (please select one)
Module Code:	<input type="checkbox"/> General <input type="checkbox"/> Associate <input type="checkbox"/> Employee of Corporate Member <input type="checkbox"/> P.Log
Start Date:	Amount Due: (please include tax): \$ _____

II. Module Name:	Fee Level (please select one)
Module Code:	<input type="checkbox"/> General <input type="checkbox"/> Associate <input type="checkbox"/> Employee of Corporate Member <input type="checkbox"/> P.Log
Start Date:	Amount Due: (please include tax): \$ _____

III. Module Name:	Fee Level (please select one)
Module Code:	<input type="checkbox"/> General <input type="checkbox"/> Associate <input type="checkbox"/> Employee of Corporate Member <input type="checkbox"/> P.Log
Start Date:	Amount Due: (please include tax): \$ _____

2. Total module fees due (please include tax\*): \$ \_\_\_\_\_

## SECTION 4: PAYMENT INFORMATION

Total Fees Due (Add lines 1 & 2) = \$ \_\_\_\_\_

Choose a payment option: \_\_\_\_\_

Pay by Credit card (this is the best way to reserve your spot)

Visa  MasterCard  American Express Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Fax this form to 416-363-5598 or mail to: 160 John Street, Suite 200, Toronto, Ontario M5V 2E5

Register and pay online: Go to [www.loginstitute.ca/learning\\_centre/](http://www.loginstitute.ca/learning_centre/) and login using your username and password

Request an invoice: Fax this form to: 416-363-5598 or mail to: 160 John Street, Suite 200, Toronto, Ontario M5V 2E5

\* GST = Goods and Services Tax (7%)