Workshop Registration Form

Training:
Date(s) of Training:

London Family Court Clinic Est. 1974
Professional Services for Families in Court

Contact Information			
First Name:	Last Name:	Organization:	
Street Address:	City:	Province/State:	Postal/Zip Code:
Telephone Number:	Fax Number:	Email Address:	
Please list any special accomodations required, if applicable *(i.e. dietary, mobility, etc.)*			

Payment Information

Fee: Please indicate payment method: ☐ Credit Card ☐ Cheque

Credit Card Payment Authorization

I agree to pay the **London Family Court Clinic** CAD $_____ on my credit card for registration

Please indicate the type of credit card with an X: ☐ VISA ☐ MASTERCARD

Credit card number: ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Expiry date of the credit card: _____/_____
Month/Year

Card security/card verification value code (CVV): ☐☐☐☐
A three (3) or four (4) digit number usually found on the front or back of the credit card.

Name of cardholder (please print):	Signature of cardholder:	Date (YYYY-MM-DD):

Signature:	Date:

Please send this registration to London Family Court Clinic by Sep 20 2016

Email: katie.anderson@lfcc.on.ca
Tel: 519.672.7250 ex 103
Fax: 519-675-7772

Mail:
London Family Court Clinic
254 Pall Mall St. Suite 200
London, ON N6A 5P6

☐ Please check this box if you do not wish to receive emails on other trainings offered - you may unsubscribe at any time.