



Professional Development Registration Form

Have you ever taken a course at Fanshawe before? Yes No If so, Student Number: _____

*Last Name: _____ First Name: _____ Middle Name: _____

*Home Address: _____ Unit/Apt. No: _____

*City: _____ *Province: _____ *Postal Code: _____

*Date of Birth: D ____ M ____ Y ____

*Employer: _____

*Title: _____

*Business Email: _____

*Business Phone: _____ ext: _____

*Would you be willing to be contacted for a testimonial? Yes No

**indicates required information*

Continuing Professional Development Workshop / Program Series

Name of Workshop / Program Series	Code	Location	Date	Fee \$

Email completed form to:
(CTS) cts@fanshawec.ca

OR

Mail to: Corporate Training Solutions
Fanshawe College, Room A1037
1001 Fanshawe College Blvd.
London, ON N5Y 5R6

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY

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Corporate Training Solutions
1001 Fanshawe College Boulevard
London, Ontario
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Corporate Training Solutions

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