



**GROUP REGISTRATION FORM**

20% Group Discount applied to groups of 4 or more

Complete this form and return to [registration@safeguards-training.net](mailto:registration@safeguards-training.net)

An invoice will be issued once your group registration is confirmed

<b>Title of Training:</b>				
<b>Date and Time of Training:</b>				
<b>Name of Organization:</b>				
<b>Key Contact:</b>				
<b>Position:</b>				
<b>Email:</b>				
<b>Address:</b>				
<b>Postal Code:</b>		<b>City:</b>		
<b>How did you hear about this training?</b>				
<b>Participant information: (Please complete the following)</b>				
OR				
Please invoice for ____ participants to hold the spaces. Names, etc., will be submitted later.				
	<b>Last Name</b>	<b>First Name</b>	<b>Position</b>	<b>Email Address</b>
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