



Portal	Reg. No.

Course Registration Form (For Group Registrations)

To be completed by Training Manager / Approving Authority

Instructions:

1. **TYPE** information into the shaded areas of form. Please note that there are 2 worksheets to this form.
2. **SAVE** the completed form and e-MAIL it to support@cpkn.ca
3. A CPKN Support Specialist will e-mail each participant a username, password, and login instructions upon registration.

A. Approving Authority

Name of Organization:			
Division (RCMP Only):			
Name of Approving Authority:			
Rank:			
Title:			
Mailing Address:			
City:			
Province:		Postal Code:	
Work e-Mail:			
Work Tel:			

B. Payment Information

If you received a quote from CPKN, please indicate the Quote Reference Number.

Quote Reference Number:			
<input type="checkbox"/> Bill to Organization	Billing Contact Person:		
	Organization/Agency:		
	Mailing Address:		
	City:		
	Province	Postal Code	
<input type="checkbox"/> VISA	Name on Credit Card:		
<input type="checkbox"/> Mastercard	Credit Card No. (include spaces):		
	Expiry Date (MM/YY):		

C. Authorization

I hereby authorize the following individuals to participate in the specified CPKN course(s) and confirm that the applicable fees will be paid in full to CPKN. I agree to comply with CPKN's payment policies, and authorize payment by the means indicated above.

- Yes, I authorize registration and billing to proceed.

Date: _____

PLEASE PROCEED TO THE PARTICIPANT INFORMATION WORKSHEET (CLICK HERE)

D. Participant Information

Rank

First

Initial

Name

Last

Badge

No.

HR No. (Click

for example)

e-Mail

Course Title