



Registration Form for Internal Combustion Engine (ICE) Training

Course Info

FSN Training & Development Inc. has scheduled ICE-P or ICE-IE-P programs for mechanics who work on propane powered vehicles & industrial equipment. These 2 day programs will include a theory component as well as 'hands on' demonstration.

Instructor: Bill Bird / Greg Pilecki
Location: Holiday Inn Express - Downsview Room
 30 Norfinch Drive
 North York, ON M3N 1X1

PROPANE COURSES - \$650 + \$175 TSSA registration fee per person + HST

<p>May 27&28, 2017 8am – 5pm</p> <input type="checkbox"/> ICE-IE-P (Industrial Equipment) <input type="checkbox"/> ICE-P (Automotive) Copy of license required to register, ICE-IE exams will be ordered if no copy is provided	<p>June 24&25, 2017 8am – 5pm</p> <input type="checkbox"/> ICE-IE-P (Industrial Equipment) <input type="checkbox"/> ICE-P (Automotive) Copy of license required to register, ICE-IE exams will be ordered if no copy is provided
<p>July 22&23, 2017 8am – 5pm</p> <input type="checkbox"/> ICE-IE-P (Industrial Equipment) <input type="checkbox"/> ICE-P (Automotive) Copy of license required to register, ICE-IE exams will be ordered if no copy is provided	<p>Sept 30 & Oct 1, 2017 8am – 5pm</p> <input type="checkbox"/> ICE-IE-P (Industrial Equipment) <input type="checkbox"/> ICE-P (Automotive) Copy of license required to register, ICE-IE exams will be ordered if no copy is provided

NOTE: 20 business days' notice is REQUIRED PRIOR to course date to order exams from TSSA

All Student Information below is REQUIRED by TSSA to register

Attendee

*Name: _____ License # _____

*Home Address: _____

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

*Contact Phone Number: _____ *Birth Date: _____

*Email Address: _____

Billing Info

Contact Name: _____

Organization: _____

Address: _____ City: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____

Payment Info

Total Order amount \$ _____ (\$932.25 X # of students)

(Cancellation Fees: The full TSSA fee will be charged if less than 10 business days' notice is given, if less than 5 days' notice, the full course fee will be charged.)

1. **Credit Card:** Visa Master Card

Card # _____ Expiry: _____

Name on Card: _____

Signature: _____

2. **Cheque***: Payable to FSN Training & Development Inc.

***ALL PAYMENTS must be received prior to the start of the course.**

To register: Complete and Fax this form to 905-649-7672

FSN Training & Development Inc.

12 Forestgreen Drive, Uxbridge ON L9P 0B8

Tel: 905-649-7670 Fax: 905-649-7672 www.fsntesting.com

If you would like to be removed from our mailing list please email info@fsntesting.com. Thank You