

BACD

Business Advisory Centre Durham
www.bacd.ca



where are you with **your** business idea...

Seminar Registration Form

Seminar Title: _____ Seminar Date: _____

First Name: _____ Last Name: _____

Business Name (if applicable): _____

Address: _____ Apt. no.: _____

City: _____ Province: _____

Phone: _____ ext _____ Fax: _____

Email: _____ Cell: _____

To charge to your Visa:

Credit Card #: _____ Expiry Date: _____
(MM/YY)

Name on card (if different from above):

Billing address (if different from above):

Signature: _____

Payments by cheque may be mailed payable to:

Business Advisory Centre Durham,
50 Richmond St. E. Suite 9,
Oshawa, ON L1G 7C7