



**KEEWAYTINOOK CENTRE of
EXCELLENCE**

TOLL FREE 1-877-737-5638 ext 4000
807-737-1135 ext 4000
Rm. 209, 100 Casimir Avenue
Dryden, ON P8N 3L4

FAX 807-223-8426

KCE REGISTRATION FORM - CEU

Name: _____

Home address: _____

Work address: _____

Home Ph # _____ **Work Ph #** _____

Fax # _____ **Education (Grade):** _____

E-mail _____

Ontario Water Wastewater Certification Office ID # 9 _ _ _ _ _

Course Title:	Course Date:

Payment can be made by cheque, cash or a purchase order for invoicing. Cancellation notification must be received prior to deadline date. Cancellation after this date will be subject to a cancellation/administration fee.

Registrant Signature

Date

For First Nations Only: **BAND/COUNCIL APPROVAL** _____

PRINT NAME _____

Course confirmation will only be made with Band/Council approval.