

Registration Form

Please ensure that all fields are completed and forward to Ability Alliance of Canada by

Email: **registration@abilityalliance.net** or Fax: Toll Free Fax **1-855-925-0926**

Personal Information (Candidate Info)	
Last name:	
First name:	
Age:	
Gender:	
Home phone:	()
Alternate phone:	()
Email Address:	
Street Address:	
City, Province:	
Postal Code:	
Sponsor's Full Name and Contact Info:	

Career Planning Assessment Post-Secondary Program Exploration <input type="checkbox"/>	Job Search Training Program <input type="checkbox"/>	Career Counselling <input type="checkbox"/>	Information Seminar <input type="checkbox"/> (Complimentary)
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Payment Method (Payments are processed at the time of assessment)		
Certified Cheque <input type="checkbox"/>	Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>

Today's Date	____ Day of _____, 2013					
Available Dates for Service	Mon	Tue	Wed	Thu	Fri	Sat
Preferred Dates						
Available Times for Service <small>(Please indicate am or pm)</small>						

Comments:

Special Requirement(s):

Whom should we thank for recommending our service to you?