



# RESIDENT MANAGERS' TRAINING INSTITUTE

Suite 1500-701 West Georgia Street, Vancouver, BC V7Y 1C6

Toll Free - 1-800-665-8339 - Vancouver - 604-681-5456

Fax Toll Free: 1-866-428-2258 email: info@RMTI.ca

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## CRM/CBS - CERTIFICATE COURSE APPLICATION / REGISTRATION

**NAME OF APPLICANT(S):** 1. \_\_\_\_\_  
(First name) (Last name)  
(Please Print)

2. \_\_\_\_\_  
(First name) (Last name)

**COMPLETE ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**TELEPHONE(H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(B)** \_\_\_\_\_

**EMAIL:(1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

**How did you hear about RMTI?** \_\_\_\_\_

Please select: CRM Designation  CBS Designation

**Please choose only one of the following:**

Single course - \$1495.00 (Textbook included)

Couples course - \$2890.00 (Textbooks included)

**Please choose your payment method:** Visa  MasterCard  Interac e-transfer

Certified Cheque/Money Order (enclosed)

Your full name as it reads on your credit card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiry date: (MM/YY) \_\_\_\_\_ 3-digit number (back of card) \_\_\_\_\_

Full address (where credit card statement is sent) if different from the above applicant's address

\_\_\_\_\_

If credit card holder has a different name to one of the above applicants please provide their address/phone #

\_\_\_\_\_

*I understand that the total course fees for the above selection are fully payable herewith by certified cheque, money order e-transfer or credit card. If paying by credit card you may phone for immediate shipment! Start date is deemed to be the date you receive your course material either electronically (by way of a username and password emailed or handed to you) and/or by hard copy (material is handed to you by R.M.T.I. or, if being delivered registered post, by Canada Post, the day you receive a notification of delivery from Canada Post and/or sign for receipt of delivery). There are no refunds of course fees once one or more of the above conditions have been met. The R.M.T.I. course must be completed in 1 year from start date otherwise your course will become invalid. I hereby agree to these terms and conditions as set out.*

Signature of applicant: 1. \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature of applicant: 2. \_\_\_\_\_

Today's Date: \_\_\_\_\_