

Inspect4mold[®]

Registration Form

Course Date Requested _____
Name _____
Address _____
City _____ Province _____
Postal Code _____ Phone _____
Email Address _____
Fax _____ Occupation _____

I understand that the Mold Inspection Training Program provided by Inspect4mold for which I am applying includes classroom and on the job instruction together with written training materials, mold reports which are included in the full tuition fee.

I understand that 100% of the fees that I may earn as a Qualified Mold Inspector are mine to keep and that no portion will be paid to Inspect4mold. No one employed by or associated with Inspect4mold has implied that I will be provided with or guaranteed employment if I successfully complete this course.

Deposit of \$500.00 must be submitted with this registration in order to reserve your course date.

I fully understand and accept this.

Signed:

Dated:

Deposit with Credit Card

Credit Card Type _____ Card Number _____

Expire Date _____ (PLEASE PRINT CLEARLEY)