

CPO® Registration Form



Date of the Course You Want To Attend

Date: _____

Applicant's Information

Name: _____

Phone: _____ Email: _____

Facility's Information

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Registration Fee

☐ Members: \$619.95^{+TAX}

☐ Non-Members: \$699.95^{+TAX}

Method of Payment

☐ Enclosed

☐ Please Invoice Me

☐ Visa/Master Card

Card Number _____ Expiry _____

Name on Card _____ Signature _____

SPACE IS LIMITED



Recreation Facility
Association
of Nova Scotia

5516 Spring Garden Road 4th Floor, Halifax, NS, B3J 1G6

P: 902-425-5450 ext. 330 | C: 902-870-7634

E: rfans@sportnovascotia.ca