



jack hirose
& ASSOCIATES INC.
Quality workshops & community resources

WORKSHOP REPLACEMENT FORM

All changes to registrations are subject to a \$25 administration fee. This includes but is not limited to name changes, replacements, changes in days of attendance, etc.

Replacing:

YOUR INFORMATION:

Name Mrs Ms Mr Dr

Position

School / Organization

Address

City Province Postal Code

Work Phone [] Work Fax []

Home Phone []

Work Email

PAYMENT INFORMATION:

Credit Card # Expiry /

Cardholder Name:

Signature

Cheque #

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