

February 2010

Early Warning System Training Registration

Date:

Company Name:	IBC Reporting Company Number(s):
Registrant Name and Title:	
Phone:	
Email Address:	
Supervisor Name and Email Address:	

Hands-on training sessions: (Please identify your first and second choice for the training session.)

All sessions will be held at IBC offices at 2235 Sheppard Ave. East, Atria II Suite 1100, Toronto, ON

Date and Time	1 st choice	2 nd choice	For IBC Use
<u>February 2010</u>			
Thur. February 25 th @ 10:00am – 12:00pm			
<u>March 2010</u>			
Thur. March 4 th @ 10:00am – 12:00pm			
Tues. March 9 th @ 2:00pm – 4:00pm			

Webinar training sessions: (Please identify your first and second choice for the training session.)

A web link will be sent via email to registered participants 48 hours prior to training session.

Date and Time	1 st choice	2 nd choice	For IBC Use
Tues. March 2 nd @ 2:00pm – 4:00pm			
Thur. March 11 th @ 10:00am – 12:00pm			