

|  |
| --- |
| **In-Class Instructor-led Workshops** *(please select one)*  Project Management Planning Essentials Workshop (2-day) | CAD 850.00  Project Stakeholder Management Workshop (1-day) | CAD 450.00  **Virtual, Instructor-led Training Programs**  Land Use Planning – Project Management Workshop  (3-day) | CAD 1,700.00  Territorial Land Use Planning – Project Management Workshop (3-day) | CAD 1,700.00  PMP®/CAPM® Exam Prep Program | CAD 4,800.00 GROUP OF 2: CAD 4,600.00 EACH | GROUP OF 3: CAD 4,400.00 EACH | GROUP OF 4 OR MORE: CAD 4,200.00 EACH  This 16-week Program prepares Project Managers for the PMI’s PMP**®**/CAPM**®** Examination; successful completion results in globally-recognized PMP/CAPM certification  **Project Management, Scheduling & Performance Reporting Planning Software**  WBS Pro Scheduler | CAD 475.00  Add-On – ½ day of Virtual Software Training | CAD 400.00  **Online, Self-Paced Training**  Project Management Planning [90-day access] |  CAD 575.00  Stakeholder Management Essentials [90-day access] | CAD 395.00 |

ENVIRONMENTAL PROJECT MANAGEMENT & SUSTAINABILITY SOLUTIONS3801 Weir Road | Spencerville, ON | K0E 1X0 | T: 1.888.289.0711 | W: [www.envpmsolutions.ca](http://www.envpmsolutions.ca)  
**TRAINING REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| YOUR CONTACT INFORMATION (All Fields Required) | | |
| Name: | Click here to enter text. uyyu | |
| Position: | Click here to enter text. | |
| Company/Organization: | Click here to enter text. | |
| Mailing Address: | Click here to enter text. | |
| Click here to enter text. | |
| Click here to enter text. | |
| Phone: | Click here to enter text. | |
| Fax: | Click here to enter text. | |
| Email Address: | Click here to enter text. | |
| Workshop Date & Location (If Applicable): | Click here to enter text. | |
| **ADDITIONAL PARTICIPANTS** | | |
| Name: | Click here to enter text. | |
| Position: | Click here to enter text. | |
| Email: | Click here to enter text. | |
| Name: | Click here to enter text. | |
| Position: | Click here to enter text. | |
| Email: | Click here to enter text. | |
| REFERRAL INFORMATION | | |
| Name & Organization of colleague that may be interested in this training | Click here to enter text. | |
| **METHOD OF PAYMENT** | | |
| VISA  MasterCard | | |
| Credit Card Number | | Click here to enter text. |
| Expiry (mm/yy) | | Click here to enter text. |
| Card Verification Value (CVV) | | Click here to enter text. |

**Email this completed form to: training@dgslearningcentre.com**