



CALA Training Course Registration Form

ONE FORM PER PERSON - PLEASE PRINT CLEARLY

Please ensure that you have the most recent version of this registration form. Older versions may not reflect current information.

Registration Instructions

Please complete Part 1 through Part 2 of the form below. When complete, please fax it to the attention of the CALA Training Service at (613) 233-5501. Further instructions will be sent to you once your registration is received.

Prices and Payment Policy

All training prices can be found in CALA P02-02 - Fee Schedule (http://www.cala.ca/P02_English_Prog_Desc.pdf) If you have any questions please call CALA Training Services at (613) 233-5300.

Requesting a Course

If you are unable to find the course you would like, please fill out a *CALA Training Course Request Form*, available at http://www.cala.ca/t_needs.html#ttrainingneeds. When there is sufficient number of interested participants in one area, CALA will establish a consensus on mutually acceptable dates and schedule a course at the requested location. Registrants are not charged until a course has been scheduled and the course dates are confirmed.

Online Option

CALA has an online training site for interested participants. None are currently certified. Members may find this approach useful if it is only the information that is desired. For the list of available courses, please see <http://cala.dameco.com>

Cancellation Policy

Registered participants must cancel, in writing, no later than two weeks prior to the agreed commencement of training in order to receive a full refund.

Reducing the Cost of Training

If you have a facility that can be used to reduce the prices for CALA-sponsored training, we want to hear from you!!! Contact us if you can host any sessions. See www.cala.ca/t_memfacility.html

Please fax your completed form to the CALA Training Service, at (613) 233-5501

Yes, I wish to register for the training indicated below. I understand that Registration cannot be completed unless Part 2 of this form is completed in full.

Name of Registrant _____
 Name of Organization _____ CALA Membership # _____
 Complete Address _____
 Phone _____ Fax _____ Email _____

PART 1 Registration: please indicate which course(s) you would like to register for:

Cost per Participant					
√	CALA Course	Non-members		Voting Members	
		Hosted	Off-site	Hosted	Off-site
	Accreditation Seminar (1 day)	Facilitator Travel Costs Only			
	The Value of Accreditation (1/2 day)	\$250	\$325	\$200	\$280
	Explain Uncertainty to my Clients!! (1/2 day)	\$250	\$325	\$200	\$280
	Understanding ISO/IEC 17025 (2 days)	\$735	\$800	\$600	\$735
	Care & Feeding of a Laboratory Quality System (2 days)	\$735	\$800	\$600	\$735
	Continual Improvement in the Laboratory (Root Cause Analysis) (1 day)	\$365	\$475	\$315	\$410
	Quality Manual Template (1 day) with pre-purchase of binder	\$310	\$360	\$260	\$310
	Quality Manual Template (1 day) no pre-purchase of binder	\$735	\$800	\$600	\$735
	Ashbrooke Lead Auditor Course (with ISO/IEC 17025) (5 days)	\$1,735	\$2,005	\$1,605	\$1,870
	CALA Lead Assessor Course (5 days)	Free for nominated CALA Assessors only			
	Internal Auditor Course for ISO/IEC 17025 (3 days)	\$1,070	\$1,200	\$935	\$1,070
	Use of PT in the Testing laboratory (1 day)	\$365	\$475	\$315	\$410
	Measurement Uncertainty (Analytical Chemistry) (1 day)	\$850	\$1,410	\$570	\$945
	Measurement Uncertainty (Microbiology) (1 day)	\$850	\$1,410	\$570	\$945
	Method Development and Validation (1 day)	\$850	\$1,410	\$570	\$945
	Laboratory Internal Calibration (1 day)	\$850	\$1,410	\$570	\$945

For date and location information, please consult CALA's Training Services schedule at http://www.cala.ca/t_trg_sched.pdf.

See our training schedule at: http://www.cala.ca/t_mem_train.html for updates.

Location of Course: _____ Date of Course: _____

Over please →

Please fax your completed form to the CALA Training Service, at (613) 233-5501

PART 2 Payment:

As per CALA's pre-payment policy, payment must be received before the delivery of goods or services.

Course(s) fee \$_____.

*Applicable GST/HST (see below) \$_____.

Total amount forwarded/enclosed: \$_____.

For your protection, CALA staff is not allowed to fill in this portion of the form.

* Applicable tax:				
<input type="checkbox"/>	BC	12%	ON	13%
<input type="checkbox"/>	NB/NL	13%	NS	15%
<input type="checkbox"/>	AB/MB/NT/NU/PE/QC/SK/YT	5%		

- Check if you would like an invoice sent to your attention.
- Check if you would like an invoice to be sent to your parent membership (as above).
- Check if you would like to charge a credit card

MasterCard Visa Card No. _____ Exp. _____

Name on Card (print) _____ Signature _____

Cardholder's Email _____

Cardholder's Telephone _____

Email and telephone numbers are used for confirmation purposes only.

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