



CALA Online Training Selection 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 both Part 1 and 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.

Course and System Requirements

In order to achieve the highest success from CALA's online training, participants should:

- Read at a post-secondary education level
- Manage the time allotted for the course effectively

CALA's online training courses require that registrants use the latest versions of the commonly available Internet browsers (Internet Explorer 6 or Netscape 7) for optimal performance.

Format of Course

Each course includes a course description, an introduction including learning objectives, the body of the course, a quiz, and a course evaluation. The body of the course is divided into several modules, each with the learning objectives clearly identified at the beginning. Everything needed for successful completion of the course is provided. Participants will be assessed based on their participation in the discussion questions and the results of the final quiz. A minimum score of 70% must be obtained on the True or False quiz in order to successfully complete the course. Certificates will be granted to those participants who achieve an acceptable grade on the quiz.

Assistance

If you have any questions, concerns or feedback at any time in the online training process, please contact CALA at (613) 233-5300 or email us at training-support@cala.ca. Any participants who require special considerations are asked to contact CALA before the online course begins.

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.

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

Yes, I wish to register for the online 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:

✓	CALA Course	Cost per Participant	
		Voting member	Non-member
	Accreditation Seminar	\$105	\$145
	Value of Accreditation	\$105	\$145
	Understanding ISO / IEC 17025:2005	\$205	\$275
	Use of PT in the Testing Laboratory	\$205	\$275
	Care and Feeding of a Laboratory Quality System	\$205	\$275
	Managing Laboratory Accreditation	\$205	\$275
	Continual Improvement in the Laboratory (Root Cause Analysis)	\$205	\$275
	Internal Calibration in Accredited Laboratories	\$275	\$410
	Explain Measurement Uncertainty to my Clients	\$105	\$145

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

Start and end date of the session you wish to participate in: _____

PART 2 Payment:

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

Course(s) fee	\$ _____	For your protection, CALA staff *Applicable GST/HST (see below) this Total amount forwarded/enclosed:
*Applicable GST/HST (see below)	\$ _____	
Total amount forwarded/enclosed:	\$ _____	

is not allowed to fill in portion of the form.

* Applicable tax is based on "Place of Supply" rules:		
• BC	5%	12% after July 1 2010
• ON	5%	13% after July 1 2010
• NB/NL	13%	
• NS	13%	15% after July 1 2010
• 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 _____

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

Cardholder's Telephone _____

Email and telephone numbers are used for confirmation purposes only.