

EDUCATIONAL REFUND FORM

DATE: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CLAIM INFORMATION:

TYPE OF TRAINING: _____

DATE TAKEN: _____ PLACE: _____

PERSON ATTENDING: _____

PLEASE ATTACH COPY OF REGISTRATION OR COPY OF REGISTRATION RECEIPT

MAIL: NGAEDA
620 4TH. N.W
SWIFT CURRENT, SK.
S9H OV8

FAX: NGAEDA
(306) 773-3419

NGAEDA APPROVAL: _____

DATE: _____ CHEQUE # _____