



# Broader Public Workshop Registration Form

## APPLICANT – Please print and forward to OSD

NAME LAST:	FIRST:	PHONE NUMBER:
JOB TITLE:		
ORGANIZATION:	FAX NUMBER:	
BRANCH:		E-MAIL:
ADDRESS:		
CITY:	POSTAL CODE:	

## WORKSHOP

Workshop Name:	
Workshop Date:	Tuition Fee: \$ _____ + GST*
<i>This personal information is voluntary and is being collected under the authority of The Civil Service Act and will be used for OSD registration purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact OSD at 945-2276.</i>	

## BILLING ADDRESS

Please send invoice to:	
Employer <input type="checkbox"/>	Applicant <input type="checkbox"/> (Please provide applicable address below)
Organization:	
Address:	
Contact:	Telephone:
*If GST Exempt, please attach exemption letter	Fax:

**Organization & Staff Development**  
935-155 Carlton Street  
Winnipeg, Manitoba R3C 3H8  
[www.gov.mb.ca/csc/osd](http://www.gov.mb.ca/csc/osd)

**Registrar Phone: 945-2276**  
**Registrar Fax: 948-2165**

**CANCELLATION POLICY:** Registrants who do not cancel 10 working days prior to course start date, or who do not attend, will be charged the full fee. Substitutions are allowed.

PLEASE DUPLICATE THIS FORM TO MEET YOUR NEEDS

**Manitoba**