



Information, Privacy and Security Policy Division

ATIP TRAINING REGISTRATION FORM

Participants must complete one form for every training session for which they wish to register.

Name: _____

Title: _____

Institution: _____

Telephone Number: () -

Facsimile: () -

E-mail: _____

Course: _____

1. **FINANCIAL INFORMATION STRATEGY (FIS) ORGANIZATIONS (ALL GOVERNMENT INSTITUTIONS)** - Organizations must include the Interdepartmental Settlement (IS) organization code and IS reference code against the participant's name. The Treasury Board Secretariat will credit initiate the transaction (payment transaction).
2. **ALL OTHERS** may pay via cheque. These must be made payable to the Receiver General of Canada.

Financial Contact Person: _____

Telephone Number: () -

Department Code: _____

IS Organisation Code: _____

IS Reference Code: _____