

Fax to (613) 746-6653



Photonics Hands on Workshop Payment Information Form

Date: _____

Contact Name : _____

Postion : _____

Company: _____

Address : _____

City : _____ Province : _____ Postal Code : _____

Phone : _____ Ext. _____

E-mail : _____

Purchase Order Number: _____

Method of Payment:

¢ Cheque (To follow -- made payable to Vitesse Re-Skilling Canada Inc.)

Mail cheque to

Vitesse Re-Skilling Canada Inc.
1200 Montreal Road, Bldg.
M-50, Ottawa, Ontario K1A 0R6
Tel: (613) 746-3595

¢ Credit Card

¢ Visa ¢ MasterCard ¢ Amex

Name Card Holder: _____

Credit Card Number: ____/____/____/____/

Expiry Date: Month____ Year____