



OSL STUDENT REGISTRATION FORM:

Pro-Active Driving Workshop

STUDENT: LAST NAME _____ **FIRST NAME** _____

DRIVERS LICENCE NO. _____ **DL CLASS** _____

HOME ADDRESS _____ **APT.** _____ **EMAIL:** _____

CITY _____ **POSTAL CODE** _____ **TEL.** _____

Name & Phone # of Law Firm/ Paralegal: _____ **TEL.** _____

PAYMENT PROCESSING

PLEASE CIRCLE ONE: CREDIT CARD or (CASH, CERTIFIED CHEQUE OR MONEY ORDER)

Payment is due upon Registration!

You are NOT Registered until Fully paid!

VISA/ MasterCard # _____ **EXPIRY** _____ **CVV code** _____

CARDHOLDER NAME _____

Please check the appropriate box '✓'

DATE OF COURSE: _____

OPTION #1 **PRO-ACTIVE (defensive) DRIVING WORKSHOP (CLASSROOM ONLY PORTION) FEE: \$185+HST**

OPTION #2 **PRO-ACTIVE (defensive) DRIVING WORKSHOP PLUS IN-VEHICLE EVALUATION FEE: \$295+HST**

EMAIL: jzapotoczna@osl.org

OSL FAX: 905-625-0677 or **Ph.** 905-625-0556