

## Registration Form - Please print

## THE HOME INSPECTORS INSTITUTE®

Course title and date	:					
Name:		Address:				
City:		Province:		Postal Code:		
Phone (daytime): (	)	Phone	e (evening): (	)		
Email address:		Fax: (	)			
Current Employment	:					
Please provide us wi	th the following inform	ation:				
Related experience:						
May we assist you with accommodation information (local B&B's and hotels)? ☐ Yes ☐ No						
which I am applying are included in the full I understand that 100 will be paid to The H has implied that I will	includes classroom anul tuition fee.  Ow of the fees that I mome Inspectors Institute to provided with or g	uaranteed employment	together with writte Home Inspector are by or associated wi if I successfully cor	m training n mine to kee th The Hom nplete this	ep and that no portion ne Inspectors Institute® course. I have read,	
fully understand and	accept the cancellatio	n policy of The Home I	nspectors Institute a	s provided	below.	
Signed:		Date:				
For administrative	purposes only					
□ Deposit \$500	☐ Full Tuition \$	☐ Outstanding \$	□ Certified	cheque	☐ Money order	
Date Received:		Training Da	ate:			

CANCELLATION POLICY - Refunds for cancellation prior to 15 days, will be subject to a \$250 administration fee. The Home Inspectors Institute® reserves the right to cancel any course at their discretion prior to 7 days of it's proposed commencement and return all tuition fees to it's registered students. The Home Inspectors Institute® also reserves the right to cancel any student registrations where full payment of tuition fees remain outstanding after their due date - an administration fee of \$250 may be charged. No tuition refund will be made for student cancellations within 15 days of commencement of the Training Course.