

Preventative Health Services Group

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REGISTRATION FORM FOR PREVENTATIVE HEALTH SERVICES GROUP

Please enroll me in the Preventative Health Services Group.

Mail payment to Preventative Health Services, 15 Vicora Linkway, Suite 602 Toronto ON M3C 1A7

Your Name _____

Number and Street _____

City/Town _____ Postal Code _____

Phone # _____ email _____

Work or Cell. Phone # _____

Schools Attended

_____ Certificate Attached

_____ Certificate Attached

_____ Certificate Attached

_____ Certificate Attached

Preventative Health Services Registration Fee \$30.00

Payable to Preventative Health Services

Signature

Date