



## TRANSFER FORM

Please Note: Registration can only be transferred if ,  
 1.Exam has not been submitted to Safe Hospitality.  
 2. All original materials are still in your possession.  
 No New materials will be provided.

ORIGINAL PARTICIPANT	
(Print Clearly)	
Full Name:	Address:
City: MB	Postal Code:
Phone (H):	(W):
E-mail:	Fax:
Employer Name at time of original registration:	

NEW PARTICIPANT		
(Print Clearly)		
<b>Personal</b>	Full Name:	Address:
	City: MB	Postal Code:
	Phone (H):	(W):
<b>Employment</b>	E-mail:	Fax:
	Company:	
	Address:	
	<input type="checkbox"/> Yes, I wish to receive Monthly E-Newsletter (email required).	

**PRIVACY POLICY:** By completing this Transfer form you are providing personal information for the purpose of registering and/or purchasing Human Resource tools or programs offered by MTEC. You are consenting to MTEC's usage and storage of your personal information as outlined in MTEC's privacy policy. Please be assured that your information will be kept secure, and confidential. Information will only be used for the purpose and/or program it was consented to by this form. Complete Privacy Policy available upon request or by visiting [www.mtec.mb.ca](http://www.mtec.mb.ca).

☞ Please initial : .....

Safe Hospitality  
Administered By:

Manitoba Tourism Education Council  
#100 - 1534 Gamble Place, Winnipeg, MB R3T 1N6

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OFFICE USE ONLY

Event Name: \_\_\_\_\_  
 Auth. # \_\_\_\_\_  
 Reg. Date: \_\_\_\_\_