



DDSWMM Dual Drainage Storm Water Management Model

REGISTRATION FORM

Please complete the registration form below.

Fax to: 613-270-8661

or Email to: registration@amki.on.ca

S/N _____

DDSWMM Release _____

Name: _____

Company: _____

Address _____

City: _____ Province/State _____ Postal/Zip Code _____

Country _____ Tel: _____

Fax: _____

E-mail Address _____

Signature: _____

Date / /
DD MM YY

How do you classify the business you are in?

- Small company (up to 50)
- Medium company (50-300)
- Large Company (more than 300)
- Educational/Training Institute
- Government
- Home-based