

Suitable Impressions Workshop

Worker Contact Information

Date: _____

Worker Phone Number: _____

Referring Office: _____

Referring Worker: _____

Client Contact Information

Name: _____

Phone Number (must have #): _____

Email Address: _____

Participant is to complete and fax the Registration Form to: 416-703-8437 (Attention: Booking Coordinator). Brands For Canada will confirm receipt of registration form within 48 hours.

GENDER: Female Male

Age: 16-29 30-39 40-49 50+

WOMEN:

Pant/Skirt Size: _____ Shirt/Top Size: _____ Blazer Size: _____ Jacket/Coat Size: _____

Dress Size: _____

MEN:

Pant Size: _____ Length: _____ Dress Shirt Collar Size: _____

Casual Shirt Size (S, M, L, XL): _____ Height: _____ Suit Jacket/Coat Size: _____

Belt Size: _____

Type of Work Clothing Preferred:

Business Business Casual Casual Outdoor