

CONTINUING STUDIES

General Group Registration Form

COURSE INFORMATION		
Course Name		Start Date (MM/DD/YY)
COMPANY INFORMATION		
Company or Provincial Ministry Name	Branch	Key Contact (First and Last Name)
Key Contact's Telephone	Key Contact's Fax	Key Contact's Email
Company's Address 1		Company's Address 2
City/Town	Province	Postal Code

STUDENT(S) INFORMATION

Student 1		Student 2	
LEGAL First Name	Date of Birth (MM/DD/YY)	LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male	LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male
Student 3		Student 4	
LEGAL First Name	Date of Birth (MM/DD/YY)	LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male	LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male
Student 5		Student 6	
LEGAL First Name	Date of Birth (MM/DD/YY)	LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male	LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male

Note: Full payment is due upon registration for all courses. Certificates will NOT be issued if payment isn't received in full.

PAYMENT	
Course Fee(s) \$ _____ X ____ (# of Students) = \$ _____	Payment Method <input type="radio"/> Cash/Debit <input type="radio"/> Cheque <input type="radio"/> Credit Card (see below)

Credit Card Number	Expiry Date (MM/YY)	3 Digit CVD Code
Name on Credit Card	Signature	