General Registration Form

Course Information

Course Name		Start Date (MM/DD/YY)	End Date (MM/DD/YY)

Student Information

LEGAL First Name	LEGAL Last Name		
Telephone	Cell	Email Address	
Mailing Address			
City/Town		Province	Postal Code
Date of Birth (MM/DD/YYYY)		Gender Male Female Other	

Company Information - TO BE COMPLETED IF REGISTERING THROUGH EMPLOYER

Company or Provincial Ministry Name	Branch	Key Contact (First & Last Name)	
Key Contact's Telephone	Key Contact's Fax	Key Contact's Email Address	
Company's Mailing Address			
City/Town		Province	Postal Code

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)*	Payment Method Cash/Debit Cheque Credit Card (see below)		
$	Credit Card Number	Expiry Date (MM/YY)	3 Digit CVD Code
	Name on Credit Card	Signature	