

CONTINUING STUDIES General Group Registration Form

Important Registration Criteria:

Each participant must register for at least 2 courses during the Professional Development Skills Week to receive the 10% discount.

COURSE INFORMATION

Course Name	<input type="radio"/> 1. Financial Accounting Basics - March 30 & 31, 2020	<input type="radio"/> 3. Business Communications - April 3 & 4, 2020
	<input type="radio"/> 2. Minute Taking - April 1 & 2, 2020	

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

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male

Student 2

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male

Student 3

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male

Student 4

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male

Student 5

LEGAL First Name	Date of Birth (MM/DD/YY)
LEGAL Last Name	Gender <input type="radio"/> Female <input type="radio"/> Male

Student 6

LEGAL First Name	Date of Birth (MM/DD/YY)
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"/> Credit Card (see below) <input type="radio"/> Cheque
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Credit Card Number	Expiry Date (MM/YY)	3 Digit CVD Code
Name on Credit Card	Signature	