



Student Registration Form

Please fax the completed form to (403) 250-1289

Course Information

Course Name: _____ Course Date: _____
 Course Location: _____ Corresponding Course: _____

Student Information

Student 1

Student's Name: _____ Date of Birth: _____
Last First Initial(s) Day Month
 Position: _____
 Address: _____
Street Address Apt/Unit #

City Province Postal Code
 Daytime Phone: _____
(xxx) xxx-xxxx

Student 2 (If Required)

Student's Name: _____ Date of Birth: _____
Last First Initial(s) Day Month
 Position: _____
 Daytime Phone: _____
(xxx) xxx-xxxx

Student 3 (If Required)

Student's Name: _____ Date of Birth: _____
Last First Initial(s) Day Month
 Position: _____
 Daytime Phone: _____
(xxx) xxx-xxxx

Registered By

Name: _____ Email: _____
Last First
 Phone: _____ Cell: _____
(xxx) xxx-xxxx (xxx) xxx-xxxx
 Company: _____ Fax: _____
 Address: _____
Street Address Unit #

City Province Postal Code

Payment Information

Credit Card (Visa or MasterCard Only) **OR** Purchase Order
 Credit Card #: _____ Purchase Order #: _____
 Expiry Date: _____ Purchase Order Date: _____
 Name on Card: _____