## **REGISTER NOW!**



## Continuing Education Registration Form

Please print clearly

Last Name		N. L.
First Name	Initial	Male*
Home Address		
City	Postal Code	
Phone	Phone (cell)	
Email:		
Have you registered with us before? Yes	s 🛮 No 🗍	
Student Number (if previously a studen	t):	
or Birthdate*	and SIN # (opt.)**	
* Providing birthdate and gender information h		
transcript and tuition tax receipt.		
Course(s):		
1. Course No	Fee	GST 5%\$
Course Name		
2. Course No	Fee	GST 5%\$
Course Name		
3. Course No	Fee	GST 5%\$
Course Name		
Has your telephone number and/or addre let us know. It's the best way to ensure we last-minute class change.		
Payment: (Check one option below	w. Note that 5% GST will be added to	o course fees where applicable)
Cash (in-person registration only)		
Cheque/money order (If mail-in r cheque for each course selected, paya will not process your cheque, but retu	ble to Camosun College. If a co	urse is full we
Charge card (check one): VISA		
Card No.		_ Expiry /
Signature		