



A: Your Information		
Family name	First name	Middle name
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Date of Birth: mm/dd/yy	
ADDRESS		
Street / PO Box:		
City:		Postal Code:
Telephone:	Email Address:	
How did you hear about this course?	<i>Past Student</i>	<i>Family / Friend</i>
	<i>Dal Website</i>	<i>Other: _____</i>
B- Course Selection	Start Date: (circle one)	Fee Due
<input type="radio"/>	Master Gardener Student - Summer School	\$350.00
Total Due:		
C - Payment Options – Tuition is due with Registration		
Cheque	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Money Order	Card Number:	
Sponsorship – Invoice Below following company / agency	Exp Date: mm/yy:	
Please send completed form to: Extended Learning Dalhousie University – Faculty of Agriculture 23 Sheep Hill Lane, PO Box550 Truro, NS B2N 5E3 Extended.Learning@dal.ca Fax: 902-895-5528	Name on Card:	
	Signature:	
	Date:	
Sponsorship Information:		
Company/Agency		
Contact		
Address	Authorized Signature	
City	Telephone	
Province	Postal Code	Email Address
<p><i>The information that you provide on this form is confidential and is for the university's internal use. Your information will not be disclosed to third parties except in compliance with the Nova Scotia Freedom of Information and Protection of Privacy Act or as otherwise required by law.</i></p>		