

Registration Form

Please make/use additional copies for each person registering.

Name: _____ Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone (W): () _____

E-mail: _____ Phone (H): () _____

Course Information

1 Date: _____ Fee: _____

Title: _____

2 Date: _____ Fee: _____

Title: _____

3 Date: _____ Fee: _____

Title: _____

4 Date: _____ Fee: _____

Title: _____

Payment Information

Cheque # _____ Cheque Amount \$ _____

Cheques to be made Payable to Dalhousie University

Cheque is enclosed VISA Mastercard AMEX

Card # _____ Exp. Date: _____

Signature: _____