

Client Information

Date: _____

Ref#: _____

Last Name, First Name			Company Name		
Home Address			Company Address		
Address					
City	Province	Postal Code	City	Province	Postal Code
Home Phone ()			Work Phone ()		ext. Fax ()
Email			Email		

How did you hear about Adult Education Programs at Dalhousie CCE? _____

Preferred Method of Contact: _____ **Are you interested in being added to our mailing lists?** _____

Please check mailing list preference(s): Schedules/Flyers Program Brochures New/Upcoming Events

Are you interested in registering at this time? If not, how may we help you? _____

Course Registration

Reg
Check

Course Name	Course Code	Course Dates	Course Fees	
Course Name	Course Code	Course Dates	Course Fees	
Course Name	Course Code	Course Dates	Course Fees	
Course Name	Course Code	Course Dates	Course Fees	

Payment Information

Dalhousie Employee Employee #: _____ Fee Waiver Journal Entry Self Payment

Direct Payment Cash Cheque Visa Mastercard Amex Debit Authorization #: _____

Credit Card Number: _____ Expiry Date: _____

Invoice Employer PO#: _____

Sponsor #: _____ **Contact Name:** _____ **Phone:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

For Office Use Only:

Registration Officer: _____

Registration Completed: _____ **Confirmation Sent:** _____ **Map Sent:** _____

Payment Completed: _____ **Invoice #:** _____ **Invoice Date:** _____ **Tuition Receipt #:** _____

Mail-list Tags: _____ **Info Sent (include date):** _____