

Client Information

Date:

Ref#:

Last Name	First Name	Middle Initial	Company Name		
Home Address			Company Address		
Address					
City	Province	Postal Code	City	Province	Postal Code
Home Phone ()			Work Phone ()	ext.	Fax ()
E-mail			E-mail		

Course Registration

Reg.
Check

Course Name	Course Code	Course Dates	Course Fees	
Board Governance and Accountability	2008C01NONB	Sept. 29, Oct. 20, Nov. 17, Dec. 8	\$775	
Financial Management for Community Organizations	20097A01NONFL	Jan. 12, Feb. 2, Mar. 9, Apr. 13	\$775	
Leading and Managing Non Profit Organizations	20097D01NONL	Apr 6, May 4, May 25, June 15	\$775	

Payment Information

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

Direct Payment
 Cash Cheque Visa Mastercard Amex Debit Authorization #: _____
 Card Number: _____ Expiry Date: ____ Name on Card: _____

Invoice Employer PO#: _____

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

Address: _____

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

For Office Use Only:

Registration Officer: _____

Registration Completed: _____

Confirmation Sent: _____

Payment Completed: _____

Invoice #: _____ Invoice Date: _____

Tuition Receipt #: _____

Mail-list Tags: _____

Info Sent (include date): _____