



Box 2110 , 540 Mackenzie Blvd. Mackenzie, BC VOJ 2C0

Phone: 997-7200 Toll Free: 1-877-997-4333 Fax: 997-3779

CONTINUING EDUCATION REGISTRATION FORM

Course Name & Number: _____ Date of Course: _____

Course Fees: _____ Tech Fee: \$5.00 Receipt #: _____

Method/Date of Payment: _____ Gender: Male Female

Full Name: _____
FIRST MIDDLE LAST

Former Last Name (if applicable): _____ Email Address (optional): _____

Date of Birth: _____ Aboriginal Status: First Nations Métis Inuit
YR MTH DAY

Mailing Address: _____
Box or street City Province Postal Code

Signature of Student/Parent: _____ Phone Number: _____