



# FAX & MAIL-IN REGISTRATION

Fax to: 604.443.8393 for VISA, MasterCard or American Express only.

Mail to: VCC Centre for Continuing Studies, 250 West Pender St., Vancouver, B.C. V6B 1S9

Please TYPE or PRINT in BLACK ink. Note: One registrant per form. Please duplicate if needed.

MALE

FEMALE

BIRTHDATE

Month Day Year

SURNAME

GIVEN NAMES

ADDRESS

CITY/MUNICIPALITY

PROVINCE

POSTAL CODE

HOME PHONE

BUSINESS PHONE

E-MAIL

CANADIAN CITIZEN

PERMANENT RESIDENT (Landed Immigrant)

VISITOR

Country of Citizenship

COURSE NAME	COURSE CODE	TUITION	START DATE	START TIME	LOCATION	CRN #
sample: <i>BUSINESS ETHICS</i>	<i>LEAD 1154</i>	<i>\$315</i>	<i>TH. FEB 15</i>	<i>18:30</i>	<i>DTN</i>	<i>CRN 10316</i>
1						
2						
3						

METHOD OF PAYMENT

TOTAL

\$

CREDIT CARD

VISA

MASTERCARD

AMERICAN EXPRESS

CHEQUE

Name on card

MONEY ORDER

Credit card account number

Expiry date

FEE CREDIT

Signature

Date