

Registration Form

| First Name: | | st Name | | |
|--|--|--|---------------------------|----------|
| | | | | |
| | | | | Address: |
| City: | Province/State: | Postal Code/Zip: | | |
| Telephone: | Email: | Chapter: | Chapter: | |
| Are you a CSC or CSI Mem | ber? YES NO | | | |
| REGISTRATION FEES | All fees are in Canadian Dollars | PAYMENT | | |
| □ PCD Course | | Sub Total: | \$ | |
| Members | \$875 plus tax | GST/HST (106970973) | \$ | |
| Non-Member | \$1175 plus tax | QST (if applicable) (1212848561 TQ0001) | \$ | |
| \square Specifier (SP) Course | 2 | TOTAL AMOUNT | \$ | |
| Members Non-Member | \$875 plus tax \$1175 plus tax | TOTAL AMOUNT | - | |
| | | PAYMENT METHOD | PAYMENT METHOD | |
| CCA Course | | ☐ Cheque (Payable to CSC) # | Cheque (Payable to CSC) # | |
| Members Non-Member | \$875 plus tax \$1175 plus tax | ☐ Visa ☐ MasterCard | American Express | |
| IMPORTANT: | | Card Number: | Card Number: | |
| Please send payment with registration form. All registered applicants will receive confirmation of their registrations via fax/e-mail, or post. Cancellations within 7 or more business days of the course start date | | Expiry Date: | Security code: | |
| must be in writing and an adr | e business days of the course start date ninistration fee of \$250 will be charged. week prior to the course date. | Date: | | |
| | | Signature | | |