

Course Registration Form

University of Calgary Continuing Education

Education Tower 106, University of Calgary
2500 University Drive NW
Calgary, Alberta T2N 1N4
Phone 220-2866 Fax 289-7287 conted.ucalgary.ca



Course Information

Course Title	Course #	Fee
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		

Is this course to be used as a credit toward a certificate program? Yes No

If yes, please name the certificate program: _____

Note: In order for credit to be applied to a certificate, student must be registered in the certificate program.

Personal Information

Last Name _____	Phone _____
First Name _____	Fax _____
Email _____	Student ID # _____
Date of Birth* (YYYY/MM/DD) _____	
Home Address _____	
	Postal Code _____
City _____	Province _____
Employer _____	Bus. Phone _____
Business Address _____	
	Postal Code _____
City _____	Province _____

Payment

Parking Pass: Yes No Quantity _____ (\$43/pass including GST. For details see page 135.)

Payment Method: Fee Enclosed Invoice Employer VISA MasterCard

Credit Card # _____ Expiry (MM/YY) _____

Signature _____ Date _____

*Age Restrictions may apply.

Confirmation of your registration will be sent by mail.

Your Privacy: University of Calgary operates under the Freedom of Information and Protection of Privacy Act. When you register or request information about Continuing Education courses, the information you give us is added to a client file. If you have any questions about the collection or use of this information or want your name removed from our promotional mailing database, please call 220-2866.