

INDIVIDUAL COURSE REGISTRATION FORM

(This form is not to be used to register for Diploma / Certificate Programs)

Have you previously attended or applied to Slate Training Centre?		
Yes <input type="checkbox"/>	If so, Student ID#:	No <input type="checkbox"/>
Last Name:		First Name:
Address:		City:
Postal Code:	Daytime Phone #:	Email:
*Social Insurance No:		*Date of Birth:
<p>* Required for tax receipt if tuition is more than \$100. THIS IS NOT AN OFFICIAL INCOME TAX RECEIPT.</p> <p>* To receive a T2202A tuition tax receipt, both the date of birth and SIN must be provided.</p>		

Course(s)	Start Date	Type of Enrolment	Cost
		<input type="checkbox"/> Full Time (five hours or more per day)	
		<input type="checkbox"/> Part Time (less than five hours per day)	
		<input type="checkbox"/> Correspondence	
		<input type="checkbox"/> Full Time (five hours or more per day)	
		<input type="checkbox"/> Part Time (less than five hours per day)	
		<input type="checkbox"/> Correspondence	
		<input type="checkbox"/> Full Time (five hours or more per day)	
		<input type="checkbox"/> Part Time (less than five hours per day)	
		<input type="checkbox"/> Correspondence	
		Total Payable	

Method of Payment:	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa Card Number: _____ Expiry Date: _____
<input type="checkbox"/> Cash / Direct Debit	<input type="checkbox"/> Sponsor (please forward confirmation letter / email from sponsor)
<input type="checkbox"/> Cheque / Money Order - payable to: Slate Training Centre (\$25 NSF fees will be charged for returned cheques)	

Acknowledgement:

I understand and acknowledge that I have registered for the above course(s) and agree to attend the scheduled classes. I will be marked absent for all sessions that I do not attend and understand that alternate sessions will not be available for any missed sessions. In the event of course cancellation, any fees paid will be reimbursed according to payment method. A letter of confirmation and receipt will be either emailed or mailed to me.

Student Signature: _____ Date: _____

Freedom of Information and Protection of Privacy: The personal information requested on this form is being collected under the authority of the Alberta Freedom of Information and Protection of Privacy Act. It will be used to manage the enrolment process. It will be treated in accordance with the privacy protection provisions of Part 2 of the Freedom of Information and Protection of Privacy Act. This information will be entered into an electronic database and will be retained for at least one year following completion of course(s).

Mail or Fax the Application with Payment to:

416 Westmount Centre

111 Avenue and Groat Road, Edmonton AB T5M 3L7

www.slatetraining.com

Tel: (780) 424 – 1338

Fax: (780) 424 - 8819