

MALE
 FEMALE

REGISTRATION FORM
Ph: 780-492-3116/780-492-3037
fax: 780-492-9439

FOR OFFICE USE ONLY	PROGRAM	GENERAL INTEREST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAST (FAMILY) NAME	FIRST	MIDDLE	BUSINESS NAME	TITLE/POSITION
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APT#	ADDRESS	ADDRESS
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CITY	PROV/STATE	POSTAL/ZIP CODE	CITY	PROV/STATE	POSTAL/ZIP CODE
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TEL (HOME)	EMAIL (HOME)	EMAIL (WORK)	TEL (WORK)	FAX (WORK)
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COURSE#	COURSENAME	COURSE FEE	CHECK METHOD OF PAYMENT	FOR OFFICE USE ONLY AUTHORIZATION #:
#4632sp3	Confined Space Seminar - Calgary location	plus gst	<input type="radio"/> CASH <input type="radio"/> CHEQUE <input type="radio"/> AMEX <input type="radio"/> MC <input type="radio"/> MONEY ORDER <input type="radio"/> VISA <input type="radio"/> INVOICE	ASSESSED BY: _____
#4632sp1	Confined Space Seminar - Edmonton location	plus gst		

MEMBERSHIP TO ASSOCIATION

CSSE
 MHSA
 ACSA
 AIHA

If paying by cheque or money order, please mail to:
OH&S Certificate Program
University of Alberta
1-019A Enterprise Square
10230 Jasper Avenue
Edmonton, AB T5J 4P6
F: 780-492-9439

Registration Method

Tel Mail Fax Person

How did you hear about this course?

Brochure Flyer Faculty Calendar Advertisement
 Radio/TV Website In Class Word of Mouth

*If employer is to be invoiced, please include a letter of authorization or an authorized purchase order. Registered students are ultimately responsible for payment of fees regardless of a third party being invoiced for such fees.

CREDIT CARD #

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EXPIRY DATE: _____
NAME ON CARD: _____

Government Business Personal

The personal information requested on this form is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of registering students, contacting alumni former students, and tracking enrollment statistics. Questions concerning the collection, use or disposal of this information should be directed to: FOIP Officer, Faculty of Extension, University Extension Centre, University of Alberta, Edmonton, AB T6G 2T4. Phone (780) 492-5047

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