

## CONTINUING STUDIES 520 EAST 1ST AVE, VANCOUVER, BC V5T 0H2

Date:				
Date.	 			

**Telephone:** 604-844-3810 **Fax:** 604-630-4535

E-mail: csinfo@ecuad.ca

## CONTINUING STUDIES COURSE REGISTRATION FORM

LAST NAME:		LEGAL FIRST NAME:		MIDDLE NAME(S):		F	PREFERRED NAME:		
ADDRESS:		CITY:		PROVINCE		/STATE:	POSTAL/ZIP CODE:		
OUNTRY: STUDENT NUMBE		BER:	DATE OF BIRTH (YYYY/MM/DD)		GENDER: Female: Male: Ot		DISCOUNT: Other: Senior(60+):		
SIGNATURE:	PHO	PHONE:		EMAIL ADDRESS:					
Method of payme CHEQUE (PAYA CASH OR INTE	ABLE TO ECUA				O ECUAI	O)			
NAME ON CARD:	CARE	) NUMBER:	Visa Master			Mastercar	card EXPIRY DATE		
Please register me	e for the follo	wing course	es:				•		
COURSE CODE: (ie: CEDR 100)	SECTION: (ie: F001)		COURSE TITLE: RODUCTORY DRAWING		I	START DATE:		COURSE FEE	
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