

CONTINUING EDUCATION

REGISTRATION

Mail-in or Fax Use

Please print in block letters:

Mr. Ms. _____

Address _____

City _____ Postal Code _____

Home Phone No. _____ Cell/Work No. _____

Fax No. _____ Card Holder _____

Credit Card No. _____ Expiry Date _____ CVV _____

I wish to register for the following course(s):

Course Title	Course #	Offering #	Date	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MAIL TO: Continuing Education
#305 - 20338 65th Avenue, Langley, B.C. V2Y 2X3

Sub Total _____

FAX TO: 604-533-4237

GST (5%) _____

Make cheque payable to: Community Education Services GST #896323128RT0001

TOTAL _____

Post-dated cheques are not accepted. **NO REFUNDS AFTER SECOND CLASS.**

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