

# 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 \_\_\_\_\_

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.**

# CONTINUING EDUCATION

## REGISTRATION

Mail-in or Fax Use

Please print in block letters:

Mr. Ms. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell/Home No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Card Holder \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

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.**