



Corporate and Professional Training Registration Form

*** Use this form for Corporate Training Courses only ***



By Mail

Complete form and mail to:
Corporate & Professional Training
2000 Talbot Road West
Windsor, Ontario N9A 6S4



By E-Mail

corporatetraining@
stclaircollege.ca

Complete one form per person – This form may be photocopied for additional registrations.

St. Clair Student Number	Social Insurance Number (First 6 numbers only)	Birthdate		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Year	Month	Day

PLEASE PRINT CLEARLY AND FIRMLY - PLEASE PRINT THE NAME OF THE PERSON REGISTERED

Mr. Mrs. Miss Ms

Surname (Family Name) _____ First Name _____ Middle _____ Former Name _____

Apt. Street, Box # or R.R. # _____

City or Town _____ Province _____ Postal Code _____ (Area Code) Home Phone _____

Company Name _____ (Area Code) Business Phone _____ (Area Code) Business Fax _____

Company Address _____ Postal Code _____

Email Address _____ Add me to your e-mail list Yes No

Please Invoice us: Yes No Invoice Purchase Order Number: _____

* Please be sure that you have included your name, business address, phone number and postal code in the spaces above.

<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER
COURSE CODE (e.g. CNT 100)	SEC # (e.g. 150)	CLASS # (e.g. 4231)	TUITION FEE

METHOD OF PAYMENT
<input type="checkbox"/> CHEQUE
<input type="checkbox"/> ONLINE BANKING
<input type="checkbox"/> PURCHASE ORDER NUMBER
<i>As of September 30th, 2017, St. Clair College will no longer accept credit cards as a form of payment for tuition. We encourage students to pay using online banking through their Financial Institutions website.</i>

The information on this form is collected under the legal authorization of the Colleges and Universities Act R.S. O. 1980. C.27255:R.R.O. 1980, Reg. 640. The information is used for the Administrative and statistical purposes of the College and/or Ministries and agencies of the Government of Ontario and the Government of Canada, for further information, please contact the Registrar, St. Clair College, 2000 Talbot Road West, Windsor, Ontario N9A 6S4. Telephone (519) 972-2700.

I have read the above statement and I hereby authorize the release of all records related to my registration (attendance) and academic process to the aforementioned. I understand that the information contained on this sheet is accurate and the complete details of my registration. I have met all prerequisites for the courses that I am taking and I realize that if changes are required I must make them according to College procedures.

DATE _____ REGISTRANT'S SIGNATURE _____

If paying with a company credit card, please note that receipts and refunds (where applicable) will be issued in the student's name.