



CORPORATE ADVANTAGE

CORPORATE AND PROFESSIONAL TRAINING

Registration Form



By Phone

Call us at:
(519) 972-2727
Ext. 5226/5241



By Mail

Complete this form and mail to:
Corporate & Professional Training
2000 Talbot Rd. W, Windsor, ON N9A 6S4



By Fax

Fax completed
form to:
(519) 945-0747



Online

Fill in the secure
registration form at
stclaircollege.ca/ct

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

St. Clair Student Number	Student's Social Insurance Number	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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year	Month	Day

Please print clearly and firmly - Please print the name of the person registered.

Mr. Surname (Family Name) First Name Middle Former Name

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

Mrs. City or Town Prov. Postal Code (Area Code) Home Phone

Ms. Company Name (Area Code) Business Phone (Area Code) Business Fax

Company Address Postal Code

Email Address Yes No Add Me to your email list

Please Invoice Us: Yes No Invoice Purchase Order # : _____

*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/PROGRAM CODE	SEC #	FEE
COURSE/PROGRAM NAME:		
START DATE:	END DATE:	

Access to Information Consent

If sponsored by an employer/agency, (or wish the college to receive certification/ testing results, ex. TSSA testing), please sign below to authorize the release of all records related to your registration and academic progress to the aforementioned.

Signature _____

Date _____

REFUND POLICY: Refund provided only when notification of seven (7) working days is given.

METHOD OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
CARD NUMBER _____	EXPIRY DATE _____

THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE LEGAL AUTHORIZATION OF THE COLLEGES AND UNIVERSITIES ACT R.S.O. 1980. C.272S5;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 W., WINDSOR, ON 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) & academic progress 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 I am taking and I realize that if changes are required I must take them according to College Procedures.

Date: _____ Registrant's Signature: _____