

## National Collector Certificate Program - Enrollment Application 2015/16

Personal Information	Business Information			
Mr. Mrs. Ms. Miss First Name:	Company Name:			
Middle Initial: Last Name:	Address:			
Date of Birth:/ (MM/DD/YYYY)	City/Town:		Provinc	ce/s
Address:	Postal Code: Co	ountry:		
City/Town: Province/S	Tel:		-	-
Postal Code: Country:	Email:			: н 🔲 в 🔲
Tel: Email:	Industry:			
Education: High School College University Other	Responsibility: Local Re	egional Na	ational Inter	national
How did you hear about us?	Preferred Language:	<del>_</del>		_
Course		Selection	Fee	
National Collector Certificate Program			\$225	
GST/HST: AB BC NT NU MB PE QC SK YT: 5%   NB NL ON: 13%   NS: 1	LEGA I No tay for international	applicants	Subtotal Tax	
International applicants only: please contact us for a shipping quote and ent	•	аррисансь	Shipping	
Only bank draft or credit card payment is accepted for international applicar			Total	
Payment Method				
Visa Visa Debit MasterCard Cheque Money Order / Bank	Draft Pavable to Credit Ins	titute of Canada	7	
Name on card:	Card number:			
Expiry Date:/ MM/YY Signature:			Total:	
Refund Policy			Total.	
Fees are non-refundable. As no departure from this policy is permitted, registrants should assess their positions are non-refundable.	ion carefully before enrolling.			
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I consent to receive messages about Credit Institute of Canada programs, professional services, newslei	tters, updates, promotions, invitations and	events.		
I have had a chance to read and understand the Refund Policy, Privacy Policy and deadlines as stated in the information I provide is true and correct. If accepted, I agree to comply with the Credit Institute of Canada By		ces, and online at w	ww.creditedu.org. I certii	y that the
Signature			Date:	