

## **Corporate Training Registration**

Phone: 705.474.7600, ext 5671 or 800.519.3534

Email: CT@canadorecollege.ca

PERSONAL INFORMATION			
First Name	Last Name	Last Name	
Email		Student Number	
Address			
City		Province	Postal Code
Business Phone	Home Pho	ne	
COURSE SELECTION			
Course Name		Start Date	Fee
PAYMENT INFORMATION			
VISA MasterCard Debit Do not include cred We will contact you for Fees must be paid in	for your cred n full at the ti	rmation when registering b it card number and expiry da me of registration. Please ma ept post-dated cheques.	ate.

An authorization letter is required in order to invoice a third party. Please provide the letter at the time of registration.

## **CONDITIONS OF REGISTRATION**

- 1. Fees must be paid in fall at the time of registration.
- 2. Registrants may be required to present evidence of meeting college and/or subject admission requirements.
- 3. The college reserves the right to modify, re-schedule, combine or cancel subjects.

## WITHDRAWAL AND REFUND

- 1. To withdraw notify Canadore College Corporate Training.
- 2. A full refund (less \$15 administration fee) will be issued only for withdrawal requests made two weeks (10 business days) prior to the course start date.
- 3. A 75% refund will be issued for withdrawal requests made at least one week (5 business days) prior to the course start.
- 4. If a student withdraws less than one full week (5 business days) prior to the course start date no refund will be issued, (any exception due to extenuating circumstances will be at the discretion of the College.

## FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY

The information of this form is collected under the authority of the Colleges and Universities Act R.S.O. 1980, C.272, S5: R.R.O. 1980, REG 640. The information is used for the administrative and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information contact the College's Registrar.