



## Burnaby Community & Continuing Education Course Registration Form

Date of Registration \_\_\_\_\_

Course Number \_\_\_\_\_

Course Title \_\_\_\_\_

Course Location \_\_\_\_\_

Course Fee \_\_\_\_\_

Starting Date \_\_\_\_\_

Time \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Email \_\_\_\_\_

If registering by fax (604-664-8448) please include credit card information.

VISA # \_\_\_\_\_

Expiry Date \_\_\_\_\_

Or

MasterCard # \_\_\_\_\_

Expiry Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_