

Burnaby COMMUNITY & CONTINUING EDUCATION

Course Registration

Date _____

Course Number _____ Course Location _____

Course Title _____

Course Fee _____ Starting Date _____ Time _____

Last Name _____ First Name _____

Address _____

City _____ Postal Code _____

Primary Phone # _____ Secondary Phone # _____

Email _____

If registering by fax (604-296-6913) please include credit card information.

VISA # _____ Expiry Date _____

Or

MasterCard # _____ Expiry Date _____

Cardholder's Name _____