

Registration Form

Print and use this form to register in person, by mail or by fax

Student Number: _____ **Former Last Name:** _____
Last Name: _____ **First Name:** _____ **Middle Name:** _____
Address: _____ **SIN Number:** _____
City: _____ **Postal Code:** _____
Home Phone: () _____ **Business Phone:** () _____
E-Mail: _____ **Date of Birth:** _____
Day Month Year

| Course Code (e.g. ACCT8000) | Course Registration Number (CRN) | Course Title | Start Date | Fee |
|--------------------------------|-------------------------------------|--------------|------------|-----|
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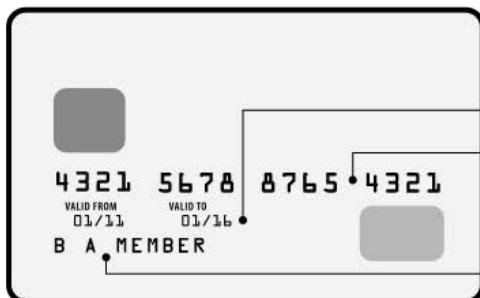
Method of Payment

Mastercard _____
 Visa _____
 Cheque _____
 Money Order _____
Credit Card Number
Expiry Date CVC Code Card Holder's Name

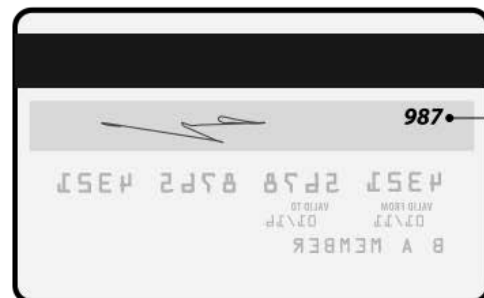
**Loyalist College - Distance Studies
& Continuing Education**
 PO Box 4200, Belleville, ON K8N5B9
 Attn: Continuing Education Registration
 Toll Free: 1-866-344-9944 Fax: 613-969-7487

Loyalist College - Bancroft
 PO Box 10, 195 Hastings St. N.,
 Bancroft, ON K0L1C0
 Toll Free: 1-877-309-0317 ext. 0
 Fax: 613-332-4773

*All Fees Payable to Loyalist College



Expiry Date
 Credit Card
 Number
 Card Holder's
 Name



3-Digit CVC