

CONTACT INFORMATION

School/Group Name: _____

1st CONTACT Position	First Name	Last Name	Email
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2ND CONTACT Position	First Name	Last Name	Email
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TELEPHONE	Daytime	Cell	Fax
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ADDRESS	Street/Box No.	Town/City	Postal Code
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PROGRAM REGISTRATION INFORMATION

Program Name	Program Length (day, residence, travelling)	Grade	# of Students	# of Adults (residence only)	Requested Date Choices
1.					1 st – _____ 2 nd – _____ 3 rd – _____
2.					1 st – _____ 2 nd – _____ 3 rd – _____
3.					1 st – _____ 2 nd – _____ 3 rd – _____

Additional Information: _____

PAYMENT INFORMATION – Payment must accompany Program Registration Form

Method of Payment: Cash Cheque Credit Card

NAME OF CARDHOLDER: _____ AUTHORIZED SIGNATURE: _____
CARD NUMBER _____ Expiry Date _____/_____/_____

MAIL to: Metro Continuing Education, 8205-90 Avenue, Edmonton, AB T6C 1N8 (or Truck mail for EPSB)

FAX to: 780.428.1112

*Confirmation will be within 4 weeks of date received.

CANCELLATION POLICY

To withdraw from a program with a full refund, please email metro@epsb.ca at least 60 business days prior to your program date. Withdrawal requests after the 60 days will result in a refund less 50% of the cost of the program.

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal, and or privileged information. Please contact us immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed.