

Please complete and fax, or email this registration form (one form per person) to the address below before the registration deadline.

Civil Engineering Technology, A131-2055 Notre Dame Ave, Winnipeg, MB R3H 0J9, Email: techsolutions@rrc.ca, Fax: 204.633.6075

### INQUIRIES:

All inquiries related to course content and Instructors should be directed to Louise Wood, Phone: 204.632.3017, Fax: 204.633.6075

## Student Information:

### Student ID:

|  |                |             |      |               |
|--|----------------|-------------|------|---------------|
| Last Name  |                | First Name  |      |               |
| Mailing Address  |                |             |      |               |
| City   | Prov           | Postal Code |      | Date of Birth |
| Home Telephone   | Bus. Telephone |             | Ext. | Cell          |
| Social Insurance Number  |                | Email       |      |               |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Another Gender Identity<br><small>(This may include Aboriginal Two-Spirit, Transgender, etc)</small> <input type="checkbox"/> Decline to Answer |                |             |      |               |

## Course Information:

### Program Name:

| Course Name | Course Code | Section ID | Start Date | Fee |
|-------------|-------------|------------|------------|-----|
|             |             |            |            |     |
|             |             |            |            |     |
|             |             |            |            |     |
|             |             |            |            |     |

**COURSE FEE:** Please refer to brochure for course fees. / **CANCELLATION POLICY:** Students who cancel their registration less than 7 days before the start of the course will be charged a \$100 fee.

If payment is being covered by an employer/sponsor, please complete the Employer/Sponsorship Authorization portion below:

## Employer/Sponsorship Information:

**Please note:** registration processing will be delayed if authorized signature is not provided. **GST Registration #:** \_\_\_\_\_

|                          |             |              |      |  |
|--------------------------|-------------|--------------|------|--|
| Name of agency / company |             | Contact Name |      |  |
| Address                  |             |              | City |  |
| Prov.                    | Postal Code | E-mail       |      |  |
| Telephone                | Ext.        | Fax          |      |  |
| Authorized Signature     |             |              | Date |  |

## Payment Information:

**Method of Payment:**  Invoice  Cheque  Mastercard  VISA  AMEX

|                      |           |
|----------------------|-----------|
| Credit Card #        | Exp. Date |
| Cardholder Signature | Date      |