



CONTINUING STUDIES
520 EAST 1ST AVE, VANCOUVER, BC V5T 0H2

Date: _____

Telephone: 604-844-3810 **Fax:** 604-630-4535
E-mail: csinfo@ecuad.ca

CONTINUING STUDIES COURSE REGISTRATION FORM

LAST NAME:		LEGAL FIRST NAME:	MIDDLE NAME(S):	PREFERRED NAME:	
ADDRESS:			CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE:
COUNTRY:	STUDENT NUMBER:	DATE OF BIRTH (YYYY/MM/DD)	GENDER: Female: Male: Other:		DISCOUNT: Senior(60+):
SIGNATURE:		PHONE:	EMAIL ADDRESS:		

Method of payment:

CHEQUE (PAYABLE TO ECUAD) MONEY ORDER (PAYABLE TO ECUAD)
CASH OR INTERAC (IN PERSON ONLY) CREDIT CARD

NAME ON CARD:	CARD NUMBER:	Visa Mastercard	EXPIRY DATE
---------------	--------------	--------------------	-------------

Please register me for the following courses:

COURSE CODE: (ie: CEDR 100)	SECTION: (ie: F001)	COURSE TITLE: (ie: INTRODUCTORY DRAWING)	START DATE:	COURSE FEE:
				\$
				\$
				\$
				\$
				\$
TOTAL FEE PAYABLE:				\$

Return this form to our office above, or via email or fax.