CHCA - CHALLENGE
Registration Form

Assiniboine College

Student Number
(If you have previously attended Assiniboine) _____

Location
☐ Brandon ☐ Dauphin ☐ Other _____

Course Name and Fees	Course Number
☐ Work Experience 1 ($190.05)	PRAC-0054
☐	

Personal Information *(* Required)*

Last Name* _____ First Name* _____ Middle Name _____

Method of Payment

Please choose one method of payment:

☐ Visa ☐ Mastercard *Must pay within 5 business days of application submission:* ☐ Cheque/Money Order (payable to Assiniboine College) ☐ Cash ☐ Debit

Credit Card # _____ _____ _____ _____ Expiry Date _____

Cardholder Name _____

Cardholder Signature _____ Cardholder Phone Number _____

Sponsorship *(if applicable)*

Note: This form must be signed by an authorized company/agency representative. Receipts will be issued in the company/agency name. Refunds will be issued to the company/agency, in the event of cancellation of the course. For information about textbooks, please call the Assiniboine bookstore at 204.725.8721.

Student Name _____

Please invoice the following company/agency:

Company/Agency _____

Mailing Address:* PO or Box Number and Street _____

City or Town _____ Province _____ Postal Code _____ Country _____

Telephone: Home* _____ Mobile _____ Fax _____

Email* _____

Name of Agency Contact _____ Title _____

Authorized Signature _____

Declaration of Waiver

The college does its best to update program information regularly so applicants are not inconvenienced. However, on occasion, changes do occur. The college reserves the right to modify or cancel a program, option, course, program objective, articulation agreement, fee, timetable, or campus location without notice or prejudice. Please visit our website **assiniboine.net** for complete and up-to-date program information.

Signature _____ Date _____

or

☐ By checking this box, I am electronically agreeing.

Name _____ Date _____