

# CONSTRUCTION TRADES Registration Form



## Student Number

(If you have previously attended Assiniboine) \_\_\_\_\_

## Location

Brandon  Dauphin  Other \_\_\_\_\_

## Course Name and Number

Drywall (CPWW-0078)

Exterior Finishing (CPWW-0076)

Painting (CPWW-0074)

Concrete Forming (CPWW-0071)

Interior Finishing (CPWW-0073)

## 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](http://assiniboine.net) for complete and up-to-date program information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

or

By checking this box, I am electronically agreeing.

Name \_\_\_\_\_ Date \_\_\_\_\_