

Registration for 2026 Manure Management Planner

Ag Extension Program 1430 Victoria Ave. East Brandon MB R7A 2A9

https://assiniboine.net/programs/manure-management-planner

Prerequisite: Member of the Agrologists Manitoba or designation of Certified Crop Advisor

STUDENT INFORMATION (fields marked with * are required)									
Social Insurance # (SIN) * Stude			lent Numl	ent Number (if you have attended ACC before)				Gender (M or F)	
								M□ F□	
Last Name * First Name *			Middle		Middle In	itial * E	Birth date (yyyy/mm/dd) *		
Home Mailing Address *			City *			Prov. *		* Postal Code *	
Home / Cell Phone *	me / Cell Phone * Business Phone			PERSONAL Email*					
ONLINE WORKSHOP & EXAM (closed book)									
Course Code	Course Start Date		Course End Date		Exam Date		ite	Fee	
AGRC-0157	February 1 st , 2026		May 1 st , 2025		April 8 th , 2026 9 a.m. – 12 p.m.			\$850	
If you have questions regarding this course, please contact Angela Pearen at 204-725-8700 or 1-800-862-6307 Ext 6392; pearena@assiniboine.net									
DECLARATION									
I understand that the grade I receive on my exam may be disclosed confidentially with my sponsor.									
I declare that I have read and understood the information on this registration, including the Notice Regarding Collection, Use and Disclosure of Personal Information and that all statements made with respect to this registration are true and complete. I understand that misrepresentation, falsification of documents or the withholding of requested information with respect to this application could result in cance llation of the registration or dismissal from the college. I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada. I agree to comply with the regulations of Assiniboine College. By checking this box, I agree to the "Declaration" terms									
PAYMENT OPTIONS U Visa MasterCard Cheque/Money Order (payable to Assiniboine College)									
Card #				Expiry Date			er Phone #		
Card Holder Name			1	Card Holder Signature					
Card Holder Signature									
☐ Company Invoicing ☐ Sponsorship authorization gives the college permission to invoice/provide a receipt in the Company name for the above-named student. Before final grade reports can be released, payment must be received from the Sponsor. Sponsors, please note: if you do not complete the sponsorship section, the receipt will be made in the student's name and mailed directly to the student.									
Company Name				Telephone					
Company Address			City	City		Province		Postal Code	
Contact Name			Email	Email					

PLEASE return the completed form to agextension@assiniboine.net or mail it to the address above.