Registration Form



Student Number (If you have previously attended Ass	iniboine)			
Location Brandon	Dauphin Other			
Course Name and Fees		Course Number		
Personal Information (* Requir	red)			
Last Name*	lame* First Name*		Name	
Method of Payment				
Please choose one method of paym	ent:			
Visa Mastercard Mus	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			
	n authorized company/agency representativ of cancellation of the course. For informatic			
Please invoice the following compar				
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Mailing Address:*				
	Province			
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Authorized digitatare				
	rmation regularly so applicants are not inconvenienced. H reement, fee, timetable, or campus location without notice			
Signature	Date			
or By checking this box, I am elec	tronically agreeing			
	a officially agreeing.			
Namo		Date		