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

Registration for 2025
Canadian Prairies Trusted Advisor Partnership

Canadian Prairies Trusted Advisor Partnership (TAP) | Assiniboine College

STUDENT INFORMATION (fields marked with * **are required**)					
Social Insurance # (SIN) *	Student Number *(if you have attended ACC before)*			Gender (M or F) M☐ F☐	
Last Name *	First Name *	Middle Initial *	Birth date (yyyy/mm/dd) *		
Home Mailing Address *	City *	Prov. *	Postal Code *		
Home / Cell Phone *	Business Phone	**PERSONAL** Email*			

Course Code	Course Start Date	Course End Date	Fee
AGRC-0325	October 14th, 2025	December 23rd, 2025	$315

If you have questions regarding this course, please contact Jen Mosson at 204-725-8700 or 1-800-862-6307 Ext 6393; vandenhamj@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 cancellation 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 Community College.

By checking this box, I agree to the "Declaration" terms ☐

PAYMENT OPTIONS ☐ **Visa** ☐ **MasterCard** ☐ **Cheque/Money Order** (payable to Assiniboine Community College)		
Card #	Expiry Date	Cardholder Phone #
Card Holder Name	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	Province	Postal Code
Contact Name	Email		
Sponsor Signature			

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