

Registration

2020 Manure Management Planner

STUDENT INFORMATION: (fields marked with * are required)					
			Student Number (if you have attended ACC before)		Gender (M or F) *
Last Name *		First Name *		Middle Initial *	Birth date (year/month/day) *
Home Address *			City *		Prov. * Postal Code *
Home Phone		Business Phone *		Cell *	Email *

Course Name	Course Code	Dates	Workshop Date	Workshop Time	Workshop Location	Fee
Manure Management Planner	AGRC-0157	January 13, 2020 to April 26, 2020	February 26 th & 27 th , 2020	9 a.m. to 5 p.m.	Border Street Campus 87-1313 Border St. Winnipeg	\$850

Please ensure you bring your course MANUAL to the Workshop.

****Prerequisite: Member of the Manitoba Institute of Agrologists (MIA) or designation of Certified Crop Advisor (CCA)****

EXAM LOCATION / DATE (Please choose exam location when completing this form.)													
MMP ASSIGNMENT DUE TO INSTRUCTOR BY APRIL 3, 2020													
MMP EXAM 3 hour, Closed book													
Winnipeg Canadian Mennonite University (CMU) 600 Shaftesbury Road SOUTH CAMPUS CONFERENCE ROOM Exams begin at 9 a.m.		Brandon ACC 1430 Victoria Avenue E Exams begin at 9 a.m.		Dauphin Parkland Campus 520 Whitmore Avenue E Exams begin at 9 a.m.		Somerset MB AG Office 279 Carlton Street Exams begin at 9 a.m.		Russell MB AG Office 434 Main Street North Exams begin at 9 a.m.		Swan River MB AG Office 120-6 th Avenue North Exams begin at 9 a.m.		The Pas MB AG Office 236-3 rd St & Ross Ave Exams begin at 9 a.m.	
<input type="checkbox"/>	Apr. 01, 2020	<input type="checkbox"/>	Apr. 01, 2020	<input type="checkbox"/>	Apr. 01, 2020	<input type="checkbox"/>	Apr. 01, 2020	<input type="checkbox"/>	Apr. 01, 2020	<input type="checkbox"/>	Apr. 01, 2020	<input type="checkbox"/>	Apr. 01, 2020

Re-Writes – \$250.00 per re-written exam on a scheduled exam date.

ALTERNATE LOCATION/DATE (\$100.00 fee (non-refundable) + \$250.00 exam fee = \$350.00)

Contact 204.725.8700 ext 6716 to arrange pre-approved alternate location/date: _____

DECLARATION

I understand the grade I receive on my exam may be disclosed confidentially with my sponsor and Manitoba Agriculture’s Licensing Agent.

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 can 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.

Signature of Student _____ Date _____

PAYMENT OPTIONS Visa MasterCard Cheque/Money Order (payable to Assiniboine Community College)

Card # _____ Expiry Date _____ Telephone _____

Name of Card Holder _____ Authorized Signature _____

Sponsorship authorization gives the college permission to invoice/provide receipt in the Company name for the above named student. Before final grade reports can be released, payment must be received from the Sponsor.

Company Name _____ Telephone _____ Fax _____

Company Address _____ City _____ Province _____ Postal Code _____

Contact Name _____ Authorized Signature _____

Date _____

***Sponsors please note that if you do not complete the sponsorship section the receipt will be made in the student’s name and mailed directly to the student.**

Assiniboine Community College’s collection, use and sharing of personal information is set out in its Privacy Policy and a copy of it is available by request from the FIPPA/PHIA Coordinator. By submitting your application or registration to Assiniboine you confirm that you consent to the collection and use of your personal information as identified at www.assiniboine.net/privacy

For internal use only: ___ Reg ___ Accts ___ Ag Ext