

STUDENT INFORMATION (fields marked with * are required)						
Social Insurance # (SIN) *		Student Number (if you have attended ACC before)				
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*		
Farm Name		Farm Contact		Farm Contact Email		
<i>Mailing address for Grower manual if different from home address above:</i>						

**REGISTRATION CLOSURES: MONDAY, MARCH 6<sup>th</sup>, 2023 - This deadline is to ensure NEWLY REVISED study material is received before course date.**  
 Select course below:

Course Code	Name	Date/Time	Fee
<input type="checkbox"/>	PEST-0039 Pesticide Grower Course (incl. tutorial & exam)	Tutorial: March 13, 2023; 8:30 am – 12:00 pm Exam: From March 13, 1:00 pm to March 14, 2023 1:00 pm (The online exam will be open 24 hours)	\$400.00
<input type="checkbox"/>	PEST-0998 Pesticide Grower Tutorial (no exam)	Tutorial: March 13, 2023; 8:30 am – 12:00 pm No Exam	\$200.00

If you have questions regarding this course, please contact Samantha Lagarda at 204-725-8700 or 1-800-862-6307 Ext 6716; lagardaacostas@assiniboine.net

#### DECLARATION

I understand 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 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.

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

PAYMENT OPTIONS <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque/Money Order (payable to Assiniboine Community College)			
Card #		Expiry Date	Cardholder Phone #
Card Holder Name		Card Holder Name Signature:	
<input type="checkbox"/> <b>Company Invoicing</b> <input type="checkbox"/> <b>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.</b> <b><u>Sponsors please note:</u> if you do not complete the sponsorship section the receipt will be made in the student's name and mailed directly to the student.</b>			
Company Name		Telephone	
Company Address		City	Province
Postal Code			
Contact Name		Email	

PLEASE return the completed form to [agextension@assiniboine.net](mailto:agextension@assiniboine.net).