

REGISTRATION FORM

Mr Surname _____ Given Name _____ Maiden Name _____
 Mrs Address _____
 Miss City _____ Postal Code _____
 Ms Home Phone No. _____ Business Phone No. _____
E-mail address: _____
Birth Date ___/___/___(Y/M/D)
Have you taken courses at Fleming College before? yes no If yes, Student No. _____

Are you taking this course to fulfill the requirements of a college certificate or diploma? yes no
If yes, please specify: _____

| Course Name | Course ID | Start Date | Fee |
|-------------|-----------|------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Total _____ |

Payment (note: if you wish to pay by cash or debit, please drop by one of our campuses below)

Cheque Please mail your cheque along with the completed registration form to:
Fleming College, Continuing Education, 555 Bonaccord St., Peterborough ON K9J 7B1

Visa MasterCard

Cardholder's Name _____

Card Number _____ Expiry Date: _____

Applicant's Signature: _____ Date: _____

How did you find out about this course?

- | | | |
|---|--|--|
| <input type="checkbox"/> Calendar Mailing | <input type="checkbox"/> Radio Advertisement | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Website | <input type="checkbox"/> Print Advertisement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prior Knowledge | <input type="checkbox"/> Full-time Studies | |

What other Continuing Education courses would you like to see offered?

1. _____

2. _____

Peterborough:
Brealey Campus
599 Brealey Drive
Peterborough, ON K9J 7B1
1-888-269-6929
(705) 749-5507 (Fax)

Peterborough:
McRae Campus
555 Bonaccord Street
Peterborough, ON K9J 7B1
1-888-269-6929
(705) 741-3279 (Fax)

Lindsay:
Records Office, Frost Campus
P O Box 8000
Lindsay, ON K9V 5E6
(705) 324-9144
(705) 878-9331 (Fax)

Cobourg:
Cobourg Campus
The Fleming Building
1005 Elgin Street West
Cobourg, ON K9A 5J4
(905) 372-6865
(905) 372-8570 (Fax)