



WORKSHOP REGISTRATION FORM AND CONTRACT

SECTION ONE: Instructions

Thank you for your interest in attending a workshop at Pacific Rim College. We ask that you please complete this form for each workshop for which you wish to register. Should you have any questions, please don't hesitate to contact the Registrar via phone at 250-483-2119 or via email at registrar@pacificrimcollege.com.

SECTION TWO: Workshop Information

TITLE OF WORKSHOP

PRESENTER'S NAME

DATE OF WORKSHOP (DD/MM/YYYY)

Does the above workshop have published prerequisites? [] No (Please complete Section Three but not Section Four.) [] Yes (Please complete Section Three and Section Four.)

SECTION THREE: Student Information

TODAY'S DATE
DD / MM / YY

LAST NAME

GIVEN NAMES

DATE OF BIRTH (DD/MM/YYYY)

Mailing Address

STREET ADDRESS

APT/SUITE NUMBER

CITY

PROVINCE/STATE

POSTAL CODE

()

PHONE NUMBER

EMAIL ADDRESS

Permanent Address (if different from above)

STREET ADDRESS

APT/SUITE NUMBER

CITY

PROVINCE/STATE

POSTAL CODE

Emergency Contact

NAME

RELATIONSHIP

ADDRESS

()

PHONE NUMBER

EMAIL ADDRESS



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If you are receiving a student discount for this workshop, please indicate the name of the school where you are currently studying. NAME OF ACADEMIC INSTITUTION

How did you hear about this workshop?

SECTION FOUR: Prerequisite Verification (if applicable)

If the workshop for which you are registering has published prerequisites for registration, please complete this section.

I confirm that I do currently fulfill the prerequisite standards for this workshop? No Yes (provide detail below)

1 If active practitioner status is required, please indicate your governing body and practitioner number. GOVERNING PRACTITIONER BODY PERSONAL PRACTITIONER NUMBER

AND/OR

2 If a level of academic achievement is required, please indicate the name of your institution and status. NAME OF ACADEMIC INSTITUTION CURRENT STATUS Alumnum Student

AND/OR

3 If the prerequisite is not covered by 1 and/or 2 above, please indicate how you have satisfied the prerequisite.

SECTION FIVE: Verification of Information

I attest that all information provided on this application is accurate. I am aware that deliberate falsification of any registration information may be grounds for dismissal from the workshop with a financial refund based on the Withdrawal Policy for this workshop as published on Pacific Rim College's Lectures, Workshops and Events webpage.

I have read and understand the Withdrawal Policy for this workshop as published on Pacific Rim College's Lectures, Workshops and Events webpage.

I understand that the program of instruction does not require approval under the Private Training Act, and that I may not file a claim against the fund with the trustee in respect of the program of instruction.

I understand that my registration is not complete until I have paid the workshop tuition in full.

SIGNATURE

DATE