

Registration Form for Organizational Sponsors of LLL Personal and Professional Development Classes

Sponsor Information

Company Name: _____

Company Address: _____

Postal Code: _____

Contact Person / Training Coordinator: _____

Ph.: (Land Line) _____ (Cell) _____

Fax: _____ E-mail Address (optional): _____

Registrant Information

REGISTRANT 1

Name: _____

Address: _____

Ph.: _____

E-mail: _____

Class: _____

Fee: _____

REGISTRANT 3

Name: _____

Address: _____

Ph.: _____

E-mail: _____

Class: _____

Fee: _____

REGISTRANT 2

Name: _____

Address: _____

Ph.: _____

E-mail: _____

Class: _____

Fee: _____

REGISTRANT 4

Name: _____

Address: _____

Ph.: _____

E-mail: _____

Class: _____

Fee: _____

If you have more registrants than the space here accommodates, please use the back of the form.

Total: _____

Method of Payment:

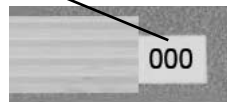
Cheque Money Order Visa MasterCard PO# _____

Card holder: _____ Card number: _____

Expiry date _____ Security Code _____ Requestor's Signature _____

Please return this form, with payment, to:

Division of Lifelong Learning
Rm. SP4000 (Spencer Hall)
220 Prince Philip Drive
Memorial University of Newfoundland
St. John's, NL A1C 5S7
Fax: (709) 864-8486



see back of card

Division of
Lifelong Learning

Privacy of Information

All registration information received by the Division of Lifelong Learning will be used solely for the administration and management of the Lifelong Learning program. Personal information is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is used for the purposes of administration, program planning and human resource management. Questions about this collection and use of personal information may be directed to the Assistant Director at 709-864-3074