

Professional Development Program Registration

Program Title _____ Date(s) _____

PARTICIPANT INFORMATION

Please complete this section in full. Print clearly. * Indicates mandatory field.

*Last Name _____ *First Name _____ Middle Name _____

Male Female *Email _____ Alternate Email _____

Organization _____ Title _____

Work Address _____ City _____ Province/State _____ Postal/Zip Code _____

*Home Address _____ *City _____ *Province/State _____ *Postal/Zip Code _____

Work Phone (____) _____ Fax _____

*Home Phone (____) _____ Fax _____

Have you ever taken a UNB course? Yes No Student ID # _____

Do you have any special needs or requirements that we should be aware of? Please advise.

UNB, Saint John College is committed to protecting the personal information of our participants. The information collected on this registration form will be used solely by UNB, Saint John College to create or update your permanent student record. By completing this form you are agreeing to provide information for this purpose. UNB, Saint John College would like to use your contact information to send you notification of UNB, Saint John College's future programs and seminars. Do you agree to the collection and use of this information? Yes No Please initial: _____

OFFICE USE ONLY

Amount Processed _____ Receipt No. _____ Date Processed _____ External Invoice Attached? Yes No

Discount Amount _____ Processed By _____ Program Code _____

PAYMENT METHOD

Full registration payment is due in advance of program start date to complete the registration process. Please indicate your method of payment.

Cheque (payable to University of New Brunswick) Money Order (payable to the University of New Brunswick)

Electronic Funds Transfer (Only available if your organization processes its accounts payable via electronic transfer with UNB.

Registration form must be faxed prior to transfer. Participant name must be referenced on electronic transfer.)

Invoice or Purchase Order (UNB requires a copy of an official purchase order or a letter of authorization on organization letterhead.)

Visa American Express Mastercard

Card # _____

Cardholder Name _____ Expiry Date (MM/YY) _____

Signature _____ Total Amount (including HST) _____

MAIL

UNB, Saint John College Professional Development Center
At The University of New Brunswick
PO Box 5050, 100 Tucker Park Road
Saint John, NB E2L 4L5 Canada

PHONE 1-888-648-5975

FAX (506) 648-5930

WITHDRAWAL/REFUND POLICY

Participants wishing to withdraw from a seminar must do so in writing to UNB, Saint John College Professional Development Center. A 100% refund of the tuition fee less a \$50 administration fee will be issued if requested 30 days prior to the start of the seminar. The tuition fee is payable and non-refundable 29 days prior to the start of the seminar. Participant substitution may be made at any point prior to the start date of the seminar. For seminars that require advance readings and/or assessment preparation, payment must be received before material can be sent to you. Cost for non-returned resource materials and/or completed assessment tools are non-refundable. UNB, Saint John College reserves the right to cancel any seminar.