



# Registration Form

After completing all applicable information, fax this form to (403) 257-4289

Course Code(s):	Course or Certificate Name(s):	<input type="checkbox"/> Check if Challenge Exam*
AutoCAD or Inventor version that you will be using to complete the course/exam:		
Student ID Number (leave this field blank if you are a new student):		
First and Last Name:		
Mailing Address Line 1:		
Mailing Address Line 2:	City/Town:	
State/Province:	Zip/Postal Code:	Country:
E-mail Address:		
Home Phone: (     )	Business Phone: (     )	
Fax: (     )	Mobile/Cell Phone: (     )	
Course Fee (see web page): \$	Currency: US\$	
<input type="checkbox"/> Visa or <input type="checkbox"/> MasterCard or <input type="checkbox"/> AMEX #:	Expiry:	
Name on Credit Card:		
<input type="checkbox"/> Sponsored (if applicable) Sponsor/Company Name:		
Sponsor Address:	City/Town:	
State/Province:	Zip/Postal Code:	Country:
Sponsor Contact (Name):	Sponsor Contact (Phone): (     )	
<input type="checkbox"/> Company to be Invoiced by: <input type="checkbox"/> PO number:		<input type="checkbox"/> Purchase Order Faxed
Why are you taking this course? (check all applicable): <input type="checkbox"/> Certificate <input type="checkbox"/> Employment <input type="checkbox"/> General Interest		

\* Note: If you are registering for a Challenge Exam, you must complete a Proctor Form. You can find this form on our website: [www.thecci.com](http://www.thecci.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If paying by credit card, I hereby authorize The CAD Correspondence Institute to use this information to charge the course fees listed above to the credit card number I have supplied.

Notes:

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