

A – YOUR INFORMATION		
FAMILY NAME	FIRST NAME	MIDDLE NAME
TITLE <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		DATE OF BIRTH
ADDRESS		ARE OR WERE YOU AN NSAC STUDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		TELEPHONE
PROVINCE/STATE	POSTAL /ZIP CODE	E-MAIL ADDRESS
B- TUITION		
MASTER GARDENER WORKSHOP – LEVEL I		
<input type="checkbox"/>	No program participant (you have not taken a Master Gardener course)	\$550
<input type="checkbox"/>	Program participant; enter course enrolment date	\$300
<input checked="" type="checkbox"/>	COURSE NAME	DATE ENROLLED
<input type="checkbox"/>	Plant Identification and Use	_____
<input type="checkbox"/>	Science of Gardening	_____
<input type="checkbox"/>	Maintaining the Garden	_____
<input type="checkbox"/>	The Art of Gardening	_____
	Total Due	_____ =====
C – PAYMENT OPTIONS		
<input type="checkbox"/> Cheque <input type="checkbox"/> Money order		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Payable to NSAC Centre for Continuing & Distance Education Nova Scotia Agricultural College PO Box 550 Truro NS B2N 5E3 Fax: (902) 895-5528		CARD NUMBER
		NAME ON CARD
		SIGNATURE
		DATE
<input type="checkbox"/> Sponsorship – Invoice the following company / agency		
COMPANY/AGENCY		
CONTACT		CONTACT TITLE
ADDRESS		AUTHORIZED SIGNATURE
CITY		TELEPHONE
PROVINCE/STATE	POSTAL/ZIP CODE	FAX
<p><i>The information that you provide on this form is confidential and is for the university's internal use. Your information will not be disclosed to third parties except in compliance with the Nova Scotia Freedom of Information and Protection of Privacy Act or as otherwise required by law.</i></p>		