



Master Gardener Training Program Course Selection Form

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 (MM/DD/YY)	
Send correspondence to <input type="checkbox"/> Home <input type="checkbox"/> Business		BUSINESS NAME	
HOME MAILING ADDRESS		BUSINESS MAILING ADDRESS	
CITY		CITY	
PROVINCE/STATE	POSTAL CODE	PROVINCE/STATE	POSTAL CODE
TELEPHONE	FAX	TELEPHONE	FAX
E-MAIL ADDRESS		E-MAIL ADDRESS	

B – COURSE SELECTION		
ARE YOU ASSOCIATED WITH MASTER GARDENERS OF ONTARIO? Yes <input type="checkbox"/> No <input type="checkbox"/>		
PLEASE CHECK PREFERRED START DATE JAN <input type="checkbox"/> MAR <input type="checkbox"/> OCT <input type="checkbox"/>		
<input checked="" type="checkbox"/>	COURSE	TUITION AND FEES*
<input type="checkbox"/>	Plant Identification and Use	\$300.00
<input type="checkbox"/>	Science of Gardening	\$300.00
<input type="checkbox"/>	Maintaining the Garden	\$300.00
<input type="checkbox"/>	Art of Gardening	\$300.00
	Total due	_____ =====

*Tuition fees are subject to change without notice

C – PAYMENT OPTIONS		
Please send the tuition payment with your application.		
<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 NSAC PO Box 550 Truro NS B2N 5E3 Fax: (902) 895-5528	CARD NUMBER	EXPIRY DATE
	NAME ON CARD	
	SIGNATURE	
	DATE	

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.