

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 II												
<input type="checkbox"/>	No program participant (you have not taken a Master Gardener course) <input type="checkbox"/> Thursday only- July 12, 2012 <input type="checkbox"/> Friday only – July 13, 2012 <input type="checkbox"/> Thursday & Friday (July 12 – 13, 2012)	\$200 \$200 \$350										
<input type="checkbox"/>	Program participant; (enter course enrolment dates below) <input type="checkbox"/> Thursday only- July 12, 2012 <input type="checkbox"/> Friday only – July 13, 2012 <input type="checkbox"/> Thursday & Friday (July 12 – 13, 2012)	\$120 \$120 \$200										
<input checked="" type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">COURSE NAME</td> <td style="width: 40%;">DATE ENROLLED</td> </tr> <tr> <td><input type="checkbox"/> Plant Identification and Use</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Science of Gardening</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Maintaining the Garden</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> The Art of Gardening</td> <td>_____</td> </tr> </table>	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	_____	
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	EXPIRY DATE										
	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>												