



Master Gardener Training Program Graduation Dinner & Reception 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"/> _____			
HOME MAILING ADDRESS			
CITY		TELEPHONE	
PROVINCE/STATE	POSTAL CODE		
B – EVENT SELECTION: PLEASE INDICATE IF YOU WILL BE ATTENDING ONE OR BOTH OF THE EVENTS			
<input checked="" type="checkbox"/>	EVENT	FEES*	
<input type="checkbox"/>	I will be attending the graduation ceremony and reception Thursday, July 12, 2012 at 7:00 pm	N/A	
<input type="checkbox"/>	I will be bringing a guest or guests to the graduation ceremony and reception. _____ guest(s)	N/A	
<input type="checkbox"/>	I will be attending the dinner Thursday, July 12, 2012 at 6:00 pm	\$25.00	
<input type="checkbox"/>	I will be bringing a guest or guests to the dinner. _____ guest(s) x \$25.00 = \$ _____		
Total due		_____ =====	
PLEASE INDICATE BELOW ANY SPECIAL DIETARY NEEDS:			
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	
<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>			