



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	FAX
PROVINCE/STATE	POSTAL/ZIP CODE	EMAIL ADDRESS

B – COURSE SELECTION		
<input checked="" type="checkbox"/>	COURSE	TUITION *
<input type="checkbox"/>	Integrated Pest Management Update for Farmers (Fall 2011)	\$90.00
<input type="checkbox"/>	Integrated Pest Management Update for Landscapers (Fall 2011)	\$90.00
<input type="checkbox"/>	Pesticide Application Technology for Farmers (Winter 2012)	\$90.00
<input type="checkbox"/>	Pesticide Application Technology for Landscapers (Winter 2012)	\$90.00
*Tuition fees are in effect until 30 April 2012.		<u> </u>

C – PAYMENT OPTIONS		
<input type="checkbox"/> Cheque <input type="checkbox"/> Money order		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Payable to NSAC		CARD NUMBER
Centre for Continuing & Distance Education Nova Scotia Agricultural College PO Box 550 Truro NS B2N 5E3 Fax: (902) 895-5528		EXPIRY DATE
		NAME ON CARD
		SIGNATURE
		DATE
<input type="checkbox"/> Invoice the following company / agency		
COMPANY/AGENCY		
CONTACT		CONTACT TITLE
ADDRESS		AUTHORIZED SIGNATURE
CITY		TELEPHONE
PROVINCE/STATE	POSTAL/ZIP CODE	FAX
<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>		