



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	COURSE DATE	TUITION *
<input type="checkbox"/>	Module 1: Husbandry, Handling and Pastures	September 24 - 25, 2011	\$250.00
<input type="checkbox"/>	Module 2: Nutrition and Breeding	November 12 - 13, 2011	\$250.00
<input type="checkbox"/>	Module 3: Health	January 28 - 29, 2012	\$250.00
<input type="checkbox"/>	Module 4: Lambing and Marketing	April 21 - 22, 2012	\$250.00
TOTAL			<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

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.