



PROTÉGÉ SCHOOL


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Continuing Education Program Registration And Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS REGISTRATION AND PAYMENT AUTHROIZATION FORM EMAIL OR FAX TO US.

All information will remain confidential.

Applicant Information		
Name:		
Business Tel:	Cell Tel:	Email:
Current address:		
City:	Province:	Postal Code:
CEU Programs Information		
Program Name:		
Date:		
Amount:	(in Canadian Funds)	
Credit Card Information		
We accept:		
Cardholder Name:		
Credit Card Number:		
Expiry Date:		
CVV Number:		(3 digits located back of the credit card)
I authorize the agreed amount listed above to my credit card provided herein. I agreed that I will pay for this purchase in accordance with the issuing bank cardholder agreement.		
Signature:	Date:	