

## CONTINUING EDUCATION REGISTRATION: GROUP

Email completed forms to: Registrar@keyano.ca

Registrations are accepted on a first-come/first-served basis, provided that the registration is complete, prerequisites are met where required, and the full fee is submitted.

Contact II		<u>n</u>									
ATTENTION (Contact Person)			COMPANY NAME				POSITION				
ADDRESS					CITY			PROVINCE POSTAL COD		DE	
COMPANY EMAIL ADDRESS					TELEPHONE				FAX		
CONED C	ourse Se	election			Yea	r:	Т	erm:	☐ Fall ☐ Winter	☐ Spring ☐ Summer	
COURSE CODE		SECTION TUITION			TECH FEE		GST	тот			
					\$5.00						
COURSE NAME					START D	PATE					
QR Code with pl negative COVID <b>Students</b>	hoto identification -19 test result w	on, obtain and	gram/course all stuc d show a Campus A ministered no earlie	ccess Pass, or than 72 hou	obtain a pre-	approved M	edical or Rel	igious Exe time) on a	emption, prov iny Keyano ca	ide proof of a ampuses.	
KEYANO STUDENT ID #	LAST NAME			FIRST NAME				DATE OF	BIRTH	INDIGENOUS	
SOCIAL INSURANCE NUMBER * EMAIL								TELEPHONE			
ADDRESS				CITY			PROVIN	ICE POSTAL CODE			
*SIN is requir	ed by the Ca	anada Rev	renue Agency fo	or T2202 tax	l x receipts	, without y	<u> </u>	e canno	l ot provide a	tax receipt.	
KEYANO LAST NAME			FIRST NAME				DATE OF BIRTH		INDIGENOUS		
STUDENT ID #											
SOCIAL INSURANCE	CE NUMBER *	EMAIL						TELEPHO	NF	Ц	
ADDRESS			CITY			PROVIN	NCE POSTAL CODE		<u> </u>		
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ADDDEOG					LOITY		I ppo://tv	05	DOOTAL COR		
ADDRESS					CITY		PROVIN	CE	POSTAL CODE	=	
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\*SIN is required by the Canada Revenue Agency for T2202 tax receipts, without your SIN we cannot provide a tax receipt.



## **CONED REGISTRATION: GROUP**

KEYANO STUDENT ID #	LAST NA	AST NAME			FIRST NAME				BIRTH	INDIGENOUS	
SOCIAL INSUR	ANCE NUMBER	R * EMAIL						TELEPHO	NE		
ADDRESS					CITY		PROVIN	CE	POSTAL COL	DE	
*SIN is rea	uired by t	ne Canada Reve	nue Agency fo	r T2202 ta	/ v receints with	out vo	ur SIN w	e cann	nt provide	a tay receipt	
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KEYANO LAST NAME STUDENT ID #				FIRST NAME				DATE OF	BIRTH	INDIGENOUS	
SOCIAL INSUR	ANCE NUMBER	R* EMAIL						TELEPHO	NE		
ADDRESS					CITY		PROVIN	CE	POSTAL COL	DE .	
*CIN in roa	uirod by t	ne Canada Reve	nuo Aganay fa	r T2202 to	v rossints with	out vo	NUT CINI W	0.0000	ot provide	a tay receipt	
Silv is req	ulled by t	ie Canada Reve	riue Agency io	1 12202 la	x receipts, with	iout yc	Jui Siin W	e canno	or brovide	a lax receipi.	
Method	of Pay	ment									
		CREDIT CARD NUMB	ER			EXPIR/	ATION DATE		CVV / CVC (3 C	OR 4 DIGIT NUMBER)	
☐ Money O	rder										
□ VISA		CARD ISSUED TO			SIGNATURE						
☐ MasterCa		CARD IGGGED TO			GIGNATORE						
☐ Purchase	e Order									☐ Phoned In	
OFFICE OF	THE REGI				FINANCE						
CONTRACT #		CWA#	COST CENTRE	!	BUDGET CODE					NCE DATE	
DO # / INIVOICE		THITION WAIVED	OTHER		INVOICE DECLIFET	1	CUCTOMED #		INIVOICE		
PO # / INVOICE	•	TUITION WAIVER	OTHER		INVOICE REQUEST		CUSTOMER #		INVOICE	#	
22121111											
COMPANY					COMPANY CONTACT						
CONED R	EFUND PO	DLICY							GST#	R107566218	
1. R	eauests fo	r refunds for tuitior	n dated five (5) w	orking davs	or more prior to	course	e commen	cement	will be gran	nted with \$25	
of	f the fee re	tained by the Colle	ege.		•				_		
		ations dated less									
		exceptional circum	istances, the De	an or Direct	or of the prograr	m may	overrule tr	is policy	/. Reschedi	uling is	
	treated as a cancellation.  Material fees are non-refundable.										
5. T											
	or in person, after which the student will be withdrawn and the refund process initiated.										
									TTICE of the		
Registrar prior to the course start date.  Note: This refund policy is invalid for any company purchases of full courses from the College.											
	o receive an income tax receipt for eligible courses, check your Self Service account at the end of February of the next								f the next		
calendar year.								Ĭ			

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.