

YWCA SKILLS DEVELOPMENT CENTRE

“Opening new doors for women”

REGISTRATION FORM

(PLEASE PRINT CLEARLY)

Today's Date: ____/____/_____
 dd mm yyyy

First Name: _____

Last Name: _____

Address: _____ Apt. No: _____

City: _____ Postal Code: _____

Phone No. (Home): (____) _____ Cell No. (____) _____

Phone No (Work or Alternative): (____) _____

E-mail address: _____ Fax No: (____) _____

Where did you hear about our programs? _____

I am interested in the following services (Please check all applicable):

<input type="checkbox"/>	General Educational Development (GED)
<input type="checkbox"/>	Introduction to Computers and MS Office
<input type="checkbox"/>	Professional Office Management Series
<input type="checkbox"/>	E-Learning Courses

OTHER INFORMATION

Please check the following boxes if applicable.

- If you are in need of applying for a subsidy
- If you are interested in receiving program updates and information in the future



A TURNING POINT
FOR WOMEN



Purchase Date: ____/____/____
 dd mm yyyy

Courses/workshops purchased:	Start Date:	End Date:	Fee:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Receipt #: _____ Total _____

Method of Payment: Cheque Cash
 Visa / MasterCard / AMEX _____ Exp. Date: ____/____
Signature for Credit Card: _____

TERMS AND CONDITIONS OF REGISTRATION

REFUND POLICY:

All course cancellations are subject to a processing fee of 15%. An 85% refund can be issued only for courses that were not accessed. Registrant must apply for their refund in writing.

TAX RECEIPTS:

All program fees over \$100.00 are tax deductible. A receipt will be issued at the registrant's request.

Signature: _____

Comments: _____

Note: YWCA Toronto respects your privacy and adheres to all legislative requirements with respect to protecting privacy. We use your personal information for registration purposes. If at anytime you wish to be removed from our list, please notify us in writing.