



CANADIAN COLLEGE OF FOOD AND HEALTH

205-716 Gordon Baker Road, Toronto, ON M2H 3B4 Tel: (416) 640-4067

Registration Form

First Name _____ Last Name _____ Sex (M F)

Home Address _____ Post Code _____

Mailing Address (If different from Home Address)

_____ Post Code _____

Phone _____ Alternative Phone _____

Email Address _____

Course Name _____ Tuition Fees(\$) _____

Course Name _____ Tuition Fees(\$) _____

Highest Level of Education Completed _____

Current / Last Employer _____

The undersigned hereby undertakes and agrees to pay Canadian College of Food and Health the fees specified in this Registration Form. One of the following methods of payment can be used:

Pay cash or with a personal / company cheque in the registration office.

Pay by mailing a cheque or money order, payable to *Canadian College of Food and Health*.

Pay by bank to bank transfer from any of your local bank (bank information upon request).

Pay by INTERAC e-Transfer (bank information upon request).

Student Signature _____ Date _____