



MELAB Preparation Course Registration

Sprott-Shaw International Language College
2nd Floor-530 Seymour Street, Vancouver, BC, Canada V6B 3J5
Phone: (604) 605-1375 Fax: (604) 605-1575

PERSONAL INFORMATION

() Mr. () Ms.

Last Name: _____ First Name: _____

Date of birth (dd/mm/yy): ____/____/____ Phone number: _____

E-mail address: _____

Mailing address:

Street & number

City

Province

Postal Code

The MELAB Preparation Classes run 3 weeks before every exam on **Tuesdays and Thursdays from 5:00pm until 7:30 pm**. For further information please contact Kristin by e-mail at kristinm@ssilc.com or call Monday to Friday from 8:30 am – 3:00 pm.

If registering for the preparation classes please fax this form to 604-605-1575 at least one week before the start date of the class.

All funds are payable to Sprott~Shaw International Language College.

Tuition (3 weeks):	\$291.50
Registration Fee:	\$50.00
Fees:	\$3.50
Books and Supplies:	\$50.00
GST:	\$2.68
TOTAL:	\$397.68

Comments:

METHOD OF PAYMENT:

Please indicate the form of payment in which your funds will be paid. Note: DO NOT MAIL CASH!

I've enclosed a bank or postal money order (in Cdn dollars) payable to Sprott-Shaw International Language College.

Please Charge my credit card: (Circle one)
VISA MASTERCARD

Name on card: _____

Card Number: _____

Expiry date: _____ Signature: _____

Cash

Refund Policy

Refunds before a program of study starts:

(a) If written notice of withdrawal is received by the institution two weeks or more before the start of a program of study, the institution may retain the CAD\$50 registration fee.

(b) If written notice of withdrawal is received by the institution less than one week before the start of a program of study, the institution may retain 50% of the total fees due under the contract.

No refund will be given to student once the program starts.

All the information given on this application is correct and I accept Sprott~Shaw International Language College terms and conditions. Sign below if you have read the refund policy and terms of agreement on the above.

Applicant's signature

Date

For Office Use Only

Payment Method: _____ Date: _____ Admin. initial: _____ Receipt No.: _____