

Company Law Practice Administration

(APPLICATION FORM)

(Please Print)

Today's date:

STUDENT INFORMATION

Last name:

First:

Middle Initial:

Home address:

Home Number:

Cell Number:

Occupation / Position:

Email:

P.O. Box:

NIB:

Signature:

DETAILS OF EDUCATION, CAREER AND/OR PROFESSIONAL MEMBERSHIP

EMPLOYER DETAILS

Company Name:

Address:

P.O. Box:

Email:

Work Number:

Registration Fee: \$50 (Non-Refundable)

Refunds / Deferments: There will be absolutely no refund once course has begun. Those who qualify for payment plans will be required to complete full payments regardless if student withdraws. There will be not deferment to this class. This form must be signed by applicant before submitting.

