



CAEL ASSESSMENT PREPARATION COURSE REGISTRATION FORM

NAME: _____

TELEPHONE NUMBER: _____

EMAIL: _____

The course runs for **3 weeks** with **9 hours** of classes per week. Each class is **3 hours**. Our courses are scheduled:

**Tuesday & Thursday from 6:00 p.m. – 9:00 p.m. and
Saturday from 9:00 a.m. – 12:00 p.m.**

Check the session(s) you wish to attend:

SESSION	DATES
<input type="checkbox"/>	May 4 - May 25 Tues. & Thurs. 6:00 p.m. – 9:00 p.m. and Sat. 9:00 a.m. – 12:00 p.m. N.B. Sat May 22nd class rescheduled to Tues May 25th.
<input type="checkbox"/>	June 8 - June 26 Tues. & Thurs. 6:00 p.m. – 9:00 p.m. and Sat. 9:00 a.m. – 12:00 p.m.
<input type="checkbox"/>	July 6 - July 22 Tues. & Thurs. 6:00 p.m. – 9:00 p.m. and Sat. 9:00 a.m. – 12:00 p.m. N.B. Sat July 24th class rescheduled to Mon July 19th.
<input type="checkbox"/>	August 10 - August 26 Tues. & Thurs. 6:00 p.m. – 9:00 p.m. and Sat. 9:00 a.m. – 12:00 p.m. N.B. Sat Aug 28th class rescheduled to Mon Aug 23rd.

Bonus:

If you register for two consecutive sessions, the **CAEL Assessment** registration fee will be included in your course fees!

Cost:

The cost per session is \$350.00.

Total registration fee: \$_____

Method of payment:

1. Credit Card

- Visa
- MasterCard

(Print name as it appears on the card)

(Signature)

(Credit card number)

_____/_____
(Expiry Date)

(CSD)
3-digit security code on reverse of card

2. Debit Card – at the CAEL Office, 228 Paterson Hall

3. Money Order – at the CAEL Office, 228 Paterson Hall

Return completed form to:

CAEL Assessment Office
228 Paterson Hall
1125 Colonel By Drive
Ottawa, ON K1S 5B6

Fax: 613-520-7872

Tel: 613-520-2600 ext 2271

Email: cael@carleton.ca