



CAEL ASSESSMENT PREPARATION COURSE REGISTRATION FORM

NAME: _____

TELEPHONE NUMBER: _____

EMAIL: _____

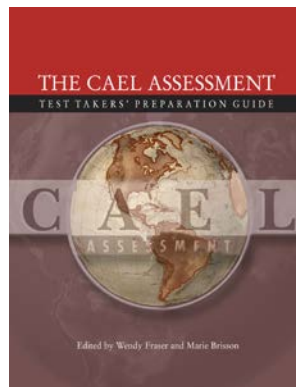
The course runs for **3 weeks** with **9 hours** of classes per week. Each class is **3 hours**. Our courses are scheduled:

Tuesday, Wednesday and Thursday
6:00 p.m. – 9:00 p.m.

SESSION	2012 Course DATES
<input type="checkbox"/>	February 7 – March 1 Tues. Wed. & Thurs. 6:00 p.m. – 9:00 p.m.

Required course material:

The CAEL Assessment Test Takers' Preparation Guide is required for this course.



Cost:

Course registration fee including Preparation Guide **\$385.00**
Guide will be provided in the first class.

Course registration fee only **\$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