



Application form Lunch & Learn Sessions



Students Surname_____	First name_____
Address:	
Telephone #:	Alternate phone #:
Email address:	Alternate email address:
	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
Course Time 11:30AM – 1:30PM Subjects and Dates as per submitted calendar	Please notify us if you have specific food allergies and we will try to accommodate them.
<p>Fee is \$25 per session</p> <p>Diploma Grads who register for 6 sessions will receive a free session \$150 – 25 = \$125.</p> <p>Students who register for six sessions will receive 12 skills enhancement credits toward their diploma hours</p> <p>Note parking is free – please park on the north side of the building by the tree line.</p> <p>To enter building, please buzz #1001</p> <p>Sessions in Room #201 at the end of the hall</p>	<p>Sessions:</p> <p>_____ / _____</p> <p>_____ / _____</p> <p>_____ / _____</p> <p>Amount</p> <p>_____</p> <p>Payment Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/></p> <p>Credit card #</p> <p>_____</p> <p>Expiry Date: ____/____</p>

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