

Mr.  Mrs.  Miss  Ms. \_\_\_\_\_  
First name/middle name/last name:

Permanent mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Location:  Home  Business  Other

E-mail Address: \_\_\_\_\_  Your Address  Family's Address  Other

Social Insurance/Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (required for tax purposes)

Citizenship:  Canadian  United States  Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo day year

School Currently Attending: (if any) \_\_\_\_\_

### COURSE DETAILS

Course Number \_\_\_\_\_ Course Name \_\_\_\_\_

Textbooks  No Textbooks

Course Number \_\_\_\_\_ Course Name \_\_\_\_\_

Textbooks  No Textbooks

### PAYMENT DETAILS

Cheque  Money Order  Visa  MasterCard

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Month /Year

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### I HEARD ABOUT BRIERCREST DISTANCE LEARNING.....

While at Briercrest  News ad  Catalogue  Church  Distance Learning brochure

Friend  Direct mail  Website  Conference  Other \_\_\_\_\_

### YOU MAY SUBMIT YOUR COMPLETED FORM THROUGH ANY OF THE FOLLOWING METHODS:

Fax: 1-800-667-2329

E-mail: [distanceinfo@briercrest.ca](mailto:distanceinfo@briercrest.ca)

Mail: Briercrest Distance Learning, 510 College Drive, Caronport, SK SOH 0S0

In Person: Monday to Friday 8:00 a.m. - 5:00 p.m. (CST).

We are located in the upper hall (room 218) of the academic building.