



SAIT/PSAC Well Testing Training Program Registration Form



PSAC
#1150 800 - 6 Avenue SW, Calgary, AB, T2P 3G3
Phone: 403.264.4195
Fax: 403.263.7174

Please Print and Complete Form in Full.

Have you previously attended or applied to SAIT? Yes No If yes: SAIT ID Number (if known): _____

Legal Last Name:	Previous Last Name:
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Legal First Name:	Legal Middle Name:	E-mail:
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Street Address:	City/Province:	Postal Code:
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Home Telephone: ()	Business/Cell Telephone: ()	Gender (M/F):	Date of Birth: DAY MONTH YEAR
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Citizenship Status:
 Canadian Citizen VISA Student Landed Immigrant

Continuing Education Declaration:
 Yes, I am working toward the Well Testing Training Program certificate.

Courses:

Course Name	Course Code	CRN#	Start Date	Course Fees	Materials Fees	Handling Fees	Total

**Handling fees apply to distance courses only (\$19.50 in Canada, \$45 in North America, \$75 International).*

For information on course names, codes and fees, please see the Brochure at: www.psaac.ca/welltest

FEE REFUNDS: Please ensure you are aware of fee refund policies as outlined in SAIT's Continuing Education Calendar (www.sait.ca/coned). These may vary according to program or delivery method.

CANCELLATION: SAIT reserves the right to cancel, postpone or combine classes, to limit registration and to alter course content, instructors, dates or times. Registrants are notified of class changes by telephone, mail or e-mail before the course start date.

The personal information you provide on the application form is collected under the authority of the Post Secondary Learning Act of Alberta and the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 33(c). This information will be used to determine your eligibility for admission to a program/course of studies at SAIT, to facilitate your enrollment, to administer and evaluate Institute programs/courses, and for statistical purposes. It may be disclosed to Statistics Canada to comply with the Statistics Act (Canada), to Alberta Learning for statistical, funding, planning, and research purposes, to the Students' Association of SAIT and the SAIT Alumni Association so that they can contact you for membership services. This information will also be maintained in a mailing list for direct marketing purposes, surveys or the distribution of other promotional material as approved by the Director of Customer Services. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the collection or use of this information, contact the Customer Services' FOIP representative at (403) 284-7248.

Student Signature _____ Date _____

Payment (due upon registration):

Total Amount: \$ _____	Credit Card Number _____
Please check one:	Expiry Date (MM/YY) _____
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Card Holder Name: _____
<input type="checkbox"/> Cheque/money order (Please make payable to PSAC)	

Signature _____ Date _____

Employer/Company Name _____