Trades Continuing Education Registration Form

Faculty of Trades and Technology at Cloverdale
Phone: 604-598-6102 Fax: 604-598-6111
Email: CEtrades@kpu.ca

PERSONAL INFORMATION

Last Name:_____ First Name: _____

Middle Name: _____ Other/Maiden Name: _____

*Birth date (dd/mm/yyyy):_____/_____/_____ *Gender M___F ___ Kwantlen Student I.D.(optional):_____

Gender and Birth date are required as mandated by the provincial minister. Collection and use is protected by BC FOIPP regulations.

CONTACT INFORMATION

Street Address: _____

City, Province, Postal Code: _____

Home Phone Number:_____ Work Phone Number: _____

Email address:_____

EMERGENCY CONTACT

Name: _____ Phone Number: _____

PAYMENT AND REGISTRATION INFORMATION

1. INDICATE YOUR COURSE / PROGRAM:

☑ **Register me in:**_____

START DATE: _____

TOTAL COST: _____

2. Submit your registration form to CEtrades@kpu.ca

3. Check your personal or KPU email account for your confirmation and payment information

4. Pay your fees by the deadline date

Initial: _____ Date: _____