



DISTANCE EDUCATION ORDER FORM

CERTIFIED COMPANION ANIMAL SPECIALIST PROGRAM

CANINE SPECIALIST CERTIFICATION



Name _____		Email _____			
Company Name _____		Website _____			
Address _____		Names of Program Participants _____ _____ _____ _____	Online version	CD Rom version	
City _____			<input type="checkbox"/>	<input type="checkbox"/>	
Province _____	Postal Code _____		<input type="checkbox"/>	<input type="checkbox"/>	
Telephone _____			<input type="checkbox"/>	<input type="checkbox"/>	
Fax _____			<input type="checkbox"/>	<input type="checkbox"/>	

Quantity	Price (GST included)	=	Total
_____	\$120.00 (Member)	=	_____
	OR		
_____	\$140.00 (Non-Member)	=	_____

PAYMENT

Please forward your payment to PIJAC Canada at the address listed below. (Note: all prices include GST)

I will be paying by _____ Cheque _____ Visa _____ Master Card

Credit Card Number

Expiry Date (mm/yy)

Signature

GST Registration No. R121263024

