

REGISTRATION FORM

Participant Name: *Please print*

_____ Male Female
First Name Middle Initial Last Name

Please print your name the way you would like it to appear on your certificate:

Credit Union Name: _____

Address: _____
Street City Province Postal Code

Phone: _____ Email: _____ Are you a CUPA Member? Yes No

Course Selection: *Please check the week and course your wish to attend*

WEEK 1 <i>June 1-6/08</i>	COURSE	WEEK 2 <i>June 8-13/08</i>	COURSE
<input type="checkbox"/>	Introduction to Retail Lending	<input type="checkbox"/>	Introduction to Retail Lending
<input type="checkbox"/>	Advanced Retail Lending	<input type="checkbox"/>	Advanced Retail Lending
<input type="checkbox"/>	Residential Mortgages	<input type="checkbox"/>	Advanced Mortgage Lending Strategies
<input type="checkbox"/>	Introduction to Commercial Lending	<input type="checkbox"/>	Advanced Commercial Lending
<input type="checkbox"/>	Collections & Credit Cycle	<input type="checkbox"/>	Commercial Loan Administration
<input type="checkbox"/>	Financial Counselling	<input type="checkbox"/>	Advanced Collections

Accommodation – Smoke Free

I wish to room with:

_____ *Name Credit Union*

For room placement purposes please indicate what time you normally go to sleep:

Before 10 p.m. Between 10 p.m. – 12:00 a.m. After 12:00 a.m. _____

Registration Fee:

REGISTRATION DEADLINE IS WEDNESDAY, APRIL 30, 2008!!

1. **Tuition Fee** (*no later than Friday, March 28, 2008*) \$1,395.00 + GST = **\$1,464.75**

2. **Tuition Fee** (*after March 28, 2008*) \$1,595.00 + GST = **\$1,674.75**

Credit Union Discount (*taxes are added after discount applied*)

- 5 or more, \$50 per registration
- 10 or more, \$75 per registration

Total \$ _____

3. **Payment:** *Please submit a cheque payable to Level Five Strategic Partners Inc.*

Debit Current Account

Please copy this form and register each participant separately and return to:

Jan Hall, Training & Marketing Coordinator

Level Five Strategic Partners, 23 – 4444 Eastgate Parkway, Mississauga, ON L4W 4T6

Tel.: 1-888-311-3030 ext. 225 Fax: (905) 602-0063 Email: jhall@levelfive.ca

PCG PROFESSIONAL CREDIT
GRANTING SCHOOL

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THE LEARNING INSTITUTE
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