



Natural Resources Extension Program COMPANY SEAT PURCHASE FORM

Duplicate form as needed

PLEASE PRINT

Telephone 1-866-734-6252

Fax this form to Parksville (250) 248-9792

COMPANY INFORMATION:

Company Name _____ (_____) _____
Phone

Company Mailing Address _____ (_____) _____
Fax

City _____ Province _____ Postal Code _____ Purchase Order # (if applicable) _____

Training Contact Person _____ Email _____ Title _____

Signature of Authorized Signatory _____ Title _____

STUDENT INFORMATION:

Last Name _____ First Name _____

Street Address _____

City _____ Province _____ Postal Code _____

(_____) _____ (_____) _____
Home Phone Work Phone Email

Student Record

I have attended VIU / Malaspina before

Yes No I know my Student # _____

Male Female Date of Birth (yyyymmdd) _____ PLEASE NOTE: Date of Birth is required!

COURSE INFORMATION: *If purchasing seats for more than one person, please submit a separate form for each person.*

Course Title _____ Fee _____ Course Code _____ Section _____

Course Title _____ Fee _____ Course Code _____ Section _____

PLEASE NOTE:

1. Your company will be invoiced for the seats purchased. Invoices are due 30 days from the invoice date.
2. Refunds follow the NREP Refund Policies.