



Course Registration Form 2012/13

NAME OF ATTENDEE: (please print) _____ **ID #** _____

DESIGNATION : CA ___ CA STUDENT ___ CMA ___ CGA ___ OTHER (please specify) _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

E-MAIL: _____

TELEPHONE: _____ **FAX:** _____

Course Name	Code	Location	Date	Course Fee or PASSPORT#

SUBTOTAL _____

Your confirmation is your receipt – please make sure you receive one!

ADD 5% GST
(GST # R107508558) _____

TOTAL _____

Confirmations will be sent out immediately following the registration deadline.

If email is provided, confirmations will be emailed.

PAYMENT INFORMATION

CHEQUE VISA MASTER CARD

CARD #: _____ Expiry Date: _____

CARD HOLDER: (please print) _____

AUTHORIZED SIGNATURE OF CARDHOLDER: _____

TO REGISTER: FAX 1(306) 569-8288 MAIL ICAS, 3621 Pasqua Street REGINA, SK S4S 6W8
(Credit Card or Passport Only) WEB: www.icas.sk.ca

**Where registrations are limited, registrations with payment enclosed will be accepted first
 Course fees must be received prior to the course.**