

Continuing Education Program

Course Application Form

(For submission by course presenters before or along with Course Attendance Form)
Please print clearly

COMPANY: _____

Address: _____

Phone #: _____

Date of Course: _____ Course Duration (hours): _____

Instructor: _____

Location: _____

Course Cost: Members NSGWA: _____ Non-members: _____

Description of Event: _____

Description of Course Material: _____

Certificate of Achievement to be given? Yes _____ No _____

(if yes, please enclose a copy of certificate)

Signature of Instructor: _____

Please mail to:

CEP c/o NSGWA
#3 – 644 Portland Street
Suite 417
Dartmouth, NS B2W 2M3
nsgwa@ns.aliantzinc.ca

Or e-mail to:

Office use only _____
