

# 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 \_\_\_\_\_

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