



ENROLMENT APPLICATION FOR ALL COURSES EXCLUDING CCS

1. INDICATE THE COURSE IN WHICH YOU ARE ENROLLING

- CSCB Introduction to Customs (complete sections 2, 3, and 5)
 CSCB Professional Development Modules (complete sections 2, 4, and 5) Modules are available in English only.

2. CONTACT INFORMATION

First Name: _____ Middle Initial _____ Ms. Mrs. Miss Mr.
 Last Name: _____
 Previously enrolled in a CSCB course under the following last name: _____

Course material in English French

Mailing Address (where course material and correspondence should be sent)

Street: _____ City: _____
 Province/State _____ Postal Code/Zip Code _____
 Telephone (daytime - include area code) _____ Fax: _____
 Email: _____

Employer, if applicable. See fees schedule for course in which you are enrolling.

Name: _____
 Street: _____ City: _____
 Province/State: _____ Postal Code/Zip Code _____
 Telephone: (include area code) _____ Fax: _____
 Email: _____

PRIVACY

All personal information on file will be kept confidential. It will not be shared with or released to anyone other than the person who provided it unless written express consent has been provided. The information in part two will be used for purposes of communicating with you about this course and other programs that may be of interest to you.

Should my employer request my final grade, I agree that the CSCB may release this information to my employer:
 Yes No

Should the CSCB be contacted by any party wishing to confirm that I have completed this course, the CSCB may provide that information.
 Yes No

From time to time, the CSCB may outsource the distribution of course material. I will allow the CSCB to provide my name and address to this third party.
 Yes No

CERTIFICATION BY APPLICANT

I have read and agree to all conditions of enrolment outlined in the Academic Policy and Conditions.

Signature: _____ Date: _____

How did you hear about this course? CSCB Course Information Brochure Employer
 Colleague CSCB website Trade Show Other (please specify) _____

For CSCB use only:

Ref. # _____ Approved by _____ Date: _____

3. CSCB INTRODUCTION TO CUSTOMS

The employer named above is a(n):

CSCB Corporate Member \$200.00
Sponsored by a CSCB Corporate Member \$200.00
Other \$400.00

VERIFICATION BY EMPLOYER OR CSCB CORPORATE MEMBER SPONSOR

I confirm that _____ (applicant) is a(n): employee of this firm OR an employee of a client sponsored by us

Firm Name: _____

Signature: _____
(of employer or sponsoring CSCB member)

Title : _____ Date : _____

4. CSCB PROFESSIONAL DEVELOPMENT MODULES

Indicate the course(s) in which you wish to enrol:

Canadian Harmonized System of Tariff Classification Valuation Understanding NAFTA
AMPS and Other Enforcement Measures Export Documentation and Regulations Refunds

Employer status and tuition fee (indicate one of the following):

CSCB Corporate Member
\$50.00 + applicable taxes per course \$180.00 + applicable taxes any four courses

CSCB Associate Member or CCS designate not employed by a CSCB Corporate Member
\$95.00 + applicable taxes per course \$350.00 + applicable taxes any four courses

Other
\$125.00 + applicable taxes per course \$450.00 + applicable taxes any four courses

Re-enrolment fee is 1/2 the usual fee. Students re-enrolling must do so within 2 weeks of their original password expiry date.

5. PAYMENT

Amount Paying: _____

Indicate if you are paying by: Cheque VISA AMEX MasterCard

Card Number: _____ Expiry Date: _____

Cardholder Name : _____

Signature: _____ Date: _____

Return your completed enrolment form and cheque made payable to the CSCB, or credit card information, to:

Course material will not be sent until full payment is received.

Canadian Society of Customs Brokers
Suite 320, 55 Murray Street Ottawa, ON K1N 5M3
If paying by credit card, you may fax (613-562-3548) your application.