



# Natural Resources Extension Program

## COMPANY SEAT PURCHASE FORM

Duplicate form as needed

Telephone 1-866-734-6252

PLEASE PRINT

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 \_\_\_\_\_

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#### PLEASE NOTE:

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