

☐ American Express

PSC'S ORAL TEST SIMULATION /WARM-UP

Payment Information

☐ Visa

☐ Certified cheque (Payable to "University of Alberta")

Expiration Date : ______

Formulaire d'inscription

École de langues du Centre collégial de l'Alberta #140, 8627 – rue Marie-Anne-Gaboury (91 st) Please fill this form and fax or mail to: Edmonton, AB T6C 3N1 Phone: (780) 430-5115 Fax: (780) 465-4701 E-mail: edl@ualberta.ca First Name: Name — Email: Phone (Residence): ______ Phone (Work):_____ Date: ; Time: from to 1 hour oral simulation by phone \$60 🗖 \$40 **D** Date: ______; Time: from _____ to _____ 30 minutes warm-up before test Please note: we will provide you with a phone number that you shall call at the registered time. Cancellation and change policy: 1. To change a scheduled simulation or warm-up session, you must inform the École de langues by email or by phone no less than 48 hours before the scheduled session. However, to change a scheduled simulation or warm-up session following a holiday or a Sunday, you must inform the École de langues before 16:00 of the previous work day. In every one of those cases, no training fee will apply. Otherwise, the obligation to pay shall remain. 2. The fees are non-refundable.

The personal information requested on this for his collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for information about the collection and use of this information contact the Administrative Assistant at (780) 430-5115. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.

☐ MasterCard

Date: ______Signature : _____

Name on the Card:

Credit Card Number: