

Please complete the following form and submit along with your payment. Please make cheques payable to the UNIVERSITY OF WATERLOO (\$CDN). No post-dated cheques please. If more than one form is required (more than one registrant), please photocopy form. Email to: Elizabeth Reidt, ejreidt@uwaterloo.ca, Fax: 519-725-0784.

Name:		
Address:		
Postal Code:	Phone:	Email (required):

Peer Practice	Sessions Available <i>(please indicate preferred sessions)</i>				Fee
April 26	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>			\$30 (per session)
April 28	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)
May 1	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>			\$30 (per session)
May 2	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>			\$30 (per session)
May 3	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)
May 4	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>			\$30 (per session)
May 5	8:30 – 10:30 <input type="checkbox"/>	10:30 – 12:30 <input type="checkbox"/>	12:30 – 2:30 <input type="checkbox"/>	2:30 – 4:30 <input type="checkbox"/>	\$30 (per session)

2017 UW graduate 2016 IOBP student Former UW student Former IOBP student First time CACO CACO re-take

Discount for "Peer Practice" sessions (2017 UW graduate, 2016 IOBP student AND first time CACO)

Waterloo student ID _____

100%

Student Partner for Peer Practice _____

Waterloo ID _____

Practice partner must be a current UW or current IOBP student

Total | \$

Cheque MasterCard VISA

Card # _____

Expiry: _____

CVV: _____

Name (as appears on card): _____

Signature _____