

Candidate Teacher Name:

Training Location

**2010-2011
Payment by Credit Card**

VISA MasterCard

Name of Card Holder

Card Holder Address

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Card Number:

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Expiry Date:

MM	

YY	

Authorization to bill my credit card

I hereby authorize CMTC to charge my credit card as per the following structure:
(Canadian Montessori Training Centre Inc)

Upon receipt of this completed form, the Registration Fee of \$200.00
(\$300.00 if received after June 24th 2010 for the September 2010 ' intake
or November 1st 2010 for the January 2011 ' intake)
will be charged to my credit card.

I authorize CMTC to bill my credit card as indicated.
(Canadian Montessori Training Centre Inc)

Signature

Date

The Canadian Montessori Teacher Education Institute
Mailing Address: **PO.Box 35546 2528 Bayview Avenue Toronto, Ontario M2L 2Y4**