

Candidate Teacher Name:

Assistant Workshop 2010
Payment by Credit Card

VISA MasterCard American Express

Name of Card Holder

Card Holder Address

.....

Card Number:

Expiry Date:
MM YY

Total tuition fees of the Assistant Workshop are \$900.00 in 2 installments (\$450.00 at the Registration and \$450.00 on the first day of the Workshop (Monday July 5th 2010).

Authorization to bill my credit card

Upon receipt of this completed form, the first installment \$450.00 will be charged automatically to my credit card.

I hereby authorize CMTC (Canadian Montessori Training Centre Inc) to charge my credit card of \$450.00

I authorize CMTC to bill my credit card as indicated.

Signature

Date

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