Seneca CFS

Name: _____ _____
First Last

Telephone: ( ) - _____ ( ) - _____ ( ) - _____
Contact number for shipping Home Office

Email: _____

Class: Life License Qualification Program (LLQP)
$95.00 + Taxes
☐ Quantity _____ dd/mm/yyyy Enrollment Date

Accident & Sickness Program (A&S)
$50.00 + Taxes
☐ Quantity _____ dd/mm/yyyy Enrollment Date

Address: _____
Company Affiliation

_____
Street

_____
City Province Postal Code

Shipping Address: _____

If different from above _____
Street

_____
City Province Postal Code

Payment: ☐ MasterCard ☐ Visa ☐ Other

Credit Card #: _____ _____ _____ _____ / Expiry

_____
Name as it appears on Credit Card

Delivery: ☐ Purolator
$ Amount to be determined by address

☐ Pick up
Newmarket, Ontario

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