



L.E.T. REGISTRATION

PRINT CLEARLY!

Family Name: _____ Langara Identity Number: _____

Given Name: _____ Address: _____

English Name (if different): _____ City: _____

Birthdate (DD/MM/YY): _____ Province/Postal Code: _____

Social Insurance Number: _____ Telephone: (home) _____ (work) _____

Date of Sitting: _____ **Time:** _____

Credit Card #: _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Expiry Date (MM/YY): _____	Signature: _____	