



YORK
COLLEGE OF BUSINESS

REGISTRATION FORM
Fax: (416) 292-9923 enquire@yorkcollege.ca
www.yorkcollege.ca

Submission of this form does not obligate you in any way. Do not enclose any payment with this form.

I learned about York College through:

- Advertisement Friend Website Agency (Name of agent _____)
 Other, please state _____

Personal Information

First Name(Ms. or Mr.): _____	Last Name: _____
Address: _____	
City: _____	Province: _____
Country: _____	Postal Code: _____
Telephone: (____) _____	Fax: (____) _____
Email: _____	

Education

Highest Educational Qualifications: High School College University

Name of Institution Last Attended (Highest Level): _____

TOEFL/IELTS Score(if applicable): _____

Diploma/Degree + Major (if applicable): _____

Course/s Interest at YCB: Forum for International Trade Training Courses

- Hospitality Management Courses
- Mandarin Language Workshop
- Accounting Courses
- Basic Property Management
- Communications in Business
- Business Essentials
- Management and Marketing a Small Business
- Pre-Employment Seminars
- ESL Services: IELTS Preparation
- Other: _____

When are you considering starting the course: Year _____ Fall Winter Summer

Other date: _____

I would like to reserve _____ Weekends (Sat/Sunday) Weekday Evenings

I would like to subscribe in our e-newsletters Yes No

I would like to: _____

Questions/Remarks: _____

Signature: _____

Date: _____