



CSP GRADING CLASS -- REGISTRATION FORM 2024

Location of Classes:

Class Code

Surrey : Pacific Community Church - 5337 - 180th Street, Surrey, BC, V3S 4K5

Last Name: First Name, Initial

Street Address:

City, Province:

Postal Code: Registrations without Postal Codes cannot be processed!!

Home Phone Number: Cell Phone: E-mail:

Company Name & Division:

Work Address:

Position Work Phone Number:

Work Contact: Work Fax Number:

Previous Attempt at any grading classes: Yes No (ie CMSA/PLIB/NFPA/ILMA etc) CMSA/NFPA/ILMA/PLIB/COFI

Table with 4 columns: Grading Class History, CSP (ALSP), AA, A, B, <70%, Where:

Tuition and Books: Please note that all prices include HST (CMSA G.S.T. Registration #R899149389)

Tuition Fees

Shaded Areas for CMSA Admin/Instructors only!

Table with 3 columns: Fee Name, Amount, Code

Books Purchased

Table with 4 columns: Book Name, Price, Code, Description

Total Due for Tuition and Books

Checked and Approved by:

Payment Method (please check (X) one)

Personal Cheque (K) Cheque #
Company Cheque (P) Cheque #
Visa/Master Card (C)

Invoice Company:
Purchase Order Number:

Please make cheques payable to:
Canadian Mill Services Association

Note: There will be a charge of \$20 charged for NSF Cheques

If pay by Credit Card, please provide the following:
Card Number:
Name on Card:
Expire Date: Security code:

FOR OFFICE USE ONLY



**CANADIAN MILL SERVICES ASSOCIATION**

#280, 500-6th Avenue, New Westminster, BC V3L 1V3

Contact: [Ingrid Shen](mailto:shen@canserve.org) / Phone: (604) 523-1288 / Fax: (604) 523-1289 / E-Mail: [shen@canserve.org](mailto:shen@canserve.org)

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## FAX COVER SHEET REGISTRATION FOR CSP GRADING CLASSES

To: Ingrid Shen, Office Manager - Fax Number - (604) 523-1289

From: \_\_\_\_\_

Company: \_\_\_\_\_ Division

Date: \_\_\_\_\_

Re: Registration Forms for CSP Grading Classes

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Please find attached registration forms for employees wishing to register for CSP grading classes from our company.

To ensure you have received all forms we inform you that we are faxing:



\_\_\_\_\_ registrations

*please write in the number of registration forms you are faxing*

For invoicing purposes we are providing CMSA with the following contact or PO #:



Purchase Order Number \_\_\_\_\_

*please write in a PO # or contact name*

If we have not provided an invoice (or contact name) in the above statement please be advised that our company will not be responsible for payment for these classes. Please obtain payment directly from student.

If you have any questions with regard to the attached registration forms please call

Name (Print) : \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_