



CANADIAN BIOLOGICS SCHOOL  
OF MEDICAL SCIENCES

**MAIL TO:**  
CANADIAN BIOLOGICS INC. SCHOOL OF MEDICAL SCIENCES  
REGISTRATION OFFICER  
ATTENTION: DR. P CONYETTE  
SUITE 101 – 374 RIVER AVE  
WINNIPEG MB R3L 034

TOLL-FREE: 1-888-840-2059

## REGISTRATION FORM – PAGE 1

This form is to be completed and mailed only upon receiving a letter of acceptance

### CONTACT INFORMATION

NAME

DATE OF BIRTH (MM/DD/YYYY)

MAILING ADDRESS – STREET – BOX

CITY

PROV. / STATE

PC/ZIP

EMAIL ADDRESS

PHONE #

PHONE # (ALTERNATIVE)

### FEE OPTIONS

Books and supplies for Registered Clinical Nutritional Consultant Program

1. Total for books for the chosen program is \$       .   (1)

2. Tuition for my chosen program \$       .   (2)

3. Total for my clinical internship \$       .   (3)

Total for 1+2+3 TOTAL FEES TO BE PAID \$       .

FORM CONTINUED ON NEXT PAGE >>

\*This school reserves the right to cancel your registration and refund your fees if the contact information is not satisfactory or truthful

