



CANADIAN BIOLOGICS SCHOOL
OF MEDICAL SCIENCES

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

TOLL-FREE: 1-888-840-2057

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)

PROGRAM OPTIONS (Choose One)

Books and Supplies for • Certified Clinical Nutritional Consultant Program

• Certified Medical Unit Clerk

• Health Care Nurse Assistant

• Clinical Medical Laboratory Assistant/Technician

• Doctor of Osteopathic Medicine and Sciences

Total:

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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

