

"Earn While You Learn" Internship Program Registration Form

(Please print form, complete & fax back to 416-638-2442)

NAME:		S.I.N.:
ADDRESS:		
CITY:	PROV:	POSTAL CODE:
PHONE:	BUS.:	CELL:
EMAIL ADDRESS:		

REPORTER'S SPECIALTY:

First Choice	Second Choice	Third Choice

[X] ONE YEAR TERM	ANNUAL REGISTRATION FEE:	\$89.00
	5% GST:	\$11.57
	TOTAL OWING:	\$100.57

- PAYING BY CASH
- □ PAYING BY CHEQUE (Please make all cheques payable to JP Public Relations Inc.)
- □ PAYING BY CREDIT CARD (Please complete card information below)

CARD TYPE	CARD NUMBER	EXPIRY DATE
VISA		
MASTER CARD		

I hereby authorize JP Public Relations Inc. to process the above payment on the credit card indicated above.

Date_____ Signature _____

FOR OFFICE USE ONLY					
Registration Date	Expiry Date	Date of First Column			
Column Category	Total Reg. Fee	Paid By: [] Cash [] Chq [] VISA [] M/C [] AMEX			
Credit Card No.	Cardholder	Expiry Date			
Processed On	Signature	Approved By:			