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Feng Shui Practitioner Certificate

申請者姓名

First Name _____ Last/Family Name _____

Mailing address: _____

City : _____ Province / State: _____

Post code : _____ Country : _____

Home phone:

Cell Phone:

Email:

Gender

- Male
- Female

Language

- English
- Mandarin
- Cantonese

Did you learn before

- Yes
- No

Highest Education Level

- High School
- Collage/University
- Master
- Doctor

How Did You Hear about us? Internet Newspaper Friend TV others _____

Name of Applicant 申請者姓名

First Name _____ Last Name _____

Payment Option (Please Check One) 付款方式

Personal Check (Make Payment to CCC) 支票 (收款人: CCC) VISA CARD 信用卡

Money Order (Make Payment to CCC) 匯票 (收款人CCC) Master CARD 信用卡

Card # _____ / _____ / _____ / _____ / Security Code _____

Expiration Date ____/____

Print Cardholder Name (持卡人姓名) _____

Cardholder Signature (持卡人簽名) _____

Billing Address

Street

City

Province/State

Zip Code

I agree to pay the CAD \$ 960 course fee according to the card issuer agreement.

SIGNATURE OF APPLICANT(申請人簽名): _____ DATE: _____