



EXAM DEFERRAL FORM

APPLICANT INFORMATION		
Last Name:	First Name:	Middle Name:
Company Name:		
Company Address:	City & Province:	Postal Code:
Applicant Email:	Work Phone #:	Fax #:

EXAM DEFERRAL				
Description	Course(s)	Previous Exam Date(s)	New Exam Date(s)	Price
Exam Deferral				\$50.00
Exam Deferral				\$50.00
Exam Deferral				\$50.00

PAYMENT	
	Subtotal
GST#107509283	GST (5%)
	Total

METHOD OF PAYMENT: VISA, MASTERCARD OR CHEQUE

Name on Card:	Email receipt to:
Card #:	
Expiry Date:	
Signature:	

Education registration forms can be submitted to:
 Suite 305 - 2631 28th Avenue Regina, SK S4S 6X3
 E: education@ibas.ca | Fx: (306) 569-3018