

TO: CONCORDIA UNIVERSITY CONTINUING EDUCATION 1455 de Maisonneuve West, Suite FB 121, Montreal QC H3G 1M8

| AGENT INVO | ICE & CONTACT | INFORMATION | | | | | | | | |
|---|---|-------------------------------|---------|----------|------------------|---------------|----------------|------------------|-----------------------------|------------|
| Invoice Number: | | | | | | Invoice Date: | | | | |
| Name: | | | | | | Telephone: | | | | |
| Position./Title: | | | | | | Fax: | | | | |
| Email: | | | | | | | | | | |
| Organization: | | | | | | | | | | |
| Complete Mailing Address: | | | | | | | | | | |
| GST/HST/PST/OST | GST/HST/PST/QST Registration numbers (only for Canadian-based agents) Cheque payable to (if different from Organization, please attach explanation) | | | | | | | | | |
| 601/101/101/101/1001 | Registi attori numbera | s (only for Canadian-based ag | jeinis) | | Oneque payable t | | n Organization | ι, ριεάδε αι | acii explanationij | |
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| STUDENT INFORMATION (INTENSIVE ENGLISH LANAGUAGE PROGRAM) | | | | | | | | | | |
| | | | | | | | | LANAO | DAGETROO | |
| Year: | | Academic Term: | 🗆 Fall | I 🗆 W | inter 🗆 Spi | | | | ission Rate: | |
| | Family Name | Academic Term: | 🗆 Fal | Given Na | • | | mmer | | | |
| Year: | | Academic Term: | 🗆 Fall | | • | | mmer | Comm | ission Rate: | |
| Year: | | Academic Term: | Fall | | • | | mmer | Comm | ission Rate: | Commission |
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| Year: | | Academic Term: | Fall | | • | | mmer | Comm | ission Rate: | |
| Year: | | Academic Term: | Fall | | • | | mmer Date | Comm of Birth | ission Rate: Tuition Fee | |

Please note that any inaccuracies in this information will result in a delay of payment.