

PAYMENT Form

1. PERSONAL / CONTACT INFORMATION		
FIRST NAME	SURNAME	
CRTO Reg. No. (if applicable)		
APT. NO. STREET ADDRESS		
CITY	PROVINCE	
POSTAL CODE	COUNTRY	
EMAIL		
PHONE NUMBER		
2. PAYMENT INFORMATION		
Purpose: Registration Fee Graduate Registration	Fee General	ent Fee Other:
Payment Amount: \$	(see <u>Schedule of Fees</u> for am	nount)
Method of Payment:		
Cheque Money Order (payable to the CRTO)		
Online/Tele Banking (please use your CRTO registration number as the account number)		
Bank Name	Frans. Date (MM/DD/YYYY)	Ref. No
☐ Visa ☐ Master Card ☐ PHONE AUTHORIZATI	ON (OFFICE USE ONLY)	
Card Number		Expiry Date
SIGNATURE NAME ON CARD		
SUBMIT YOUR PAYMENT TO: CRTO, 180 Dundas St. W. Suite 2103 Toronto, ON M5G 1Z8		
FAX: 416-591-7890, EMAIL: registrationservices@crto.on.ca QUESTIONS:		
TEL: 416-591-7800 or toll free 1-800-261-0528, EMAIL: registrationservices@crto.on.ca WEB: www.crto.on.ca		
OFFICE USE ONLY RECEIVED DATE	.AUTHORIZATION NO.	COMMENTS