

PAYMENT Form

FIRST NAME SURNAME CRTO Reg. No. (if applicable) APT. NO. STREET ADDRESS CITY PROVINCE POSTAL CODE COUNTRY EMAIL							
APT. NO. STREET ADDRESS CITY PROVINCE POSTAL CODE COUNTRY							
CITY PROVINCE POSTAL CODE COUNTRY							
POSTAL CODE COUNTRY							
EMAIL							
PHONE NUMBER							
2. PAYMENT INFORMATION							
Purpose: Registration Fee Graduate Registration Fee General Assessment Fee Other:							
Payment Amount: \$ (see <u>Schedule of Fees</u> for amount)							
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 Trans. Date (MM/DD/YYYY) Ref. No.							
Visa Master Card PHONE AUTHORIZATION (OFFICE USE ONLY)							
Card Number Expiry Date							
SIGNATURE NAME ON CARD							
SUBMIT YOUR PAYMENT TO: CRTO,90 Adelaide St W Suite 300, Toronto, ON M5H 3V9 FAX: 416-591-7890, EMAIL: <u>registrationservices@crto.on.ca</u> QUESTIONS: TEL: 416-591-7800 or toll free 1-800-261-0528, EMAIL: <u>registrationservices@crto.on.ca</u> WEB: www.crto.on.ca							

OFFICE USE ONLY RECEIVED DATE .AUTHORIZATION NO. COMMENTS					
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