



## 1. PERSONAL / CONTACT INFORMATION

SURNAME

STREET ADDRESS

PROVINCE

COUNTRY

PHONE NUMBER

**Purpose:** ☐ Registration Fee Graduate ☐ Registration Fee General ☐ Assessment Fee ☐ Other:

(see [Schedule of Fees](#) for amount)

☐ Cheque    ☐ Money Order    (payable to the CRTO)

☐ Online/Tele Banking (please use your CRTD registration number as the account number)

Bank Name \_\_\_\_\_ Trans. Date (MM/DD/YYYY) \_\_\_\_\_ Ref. No. \_\_\_\_\_

☐ Visa    ☐ Master Card    ☐ PHONE AUTHORIZATION (OFFICE USE ONLY)

[illegible]

SIGNATURE \_\_\_\_\_ NAME ON CARD \_\_\_\_\_

TEL: 416-591-7800 or toll free 1-800-261-0528, EMAIL: [registrationservices@crto.on.ca](mailto:registrationservices@crto.on.ca) WEB: [www.crto.on.ca](http://www.crto.on.ca)

OFFICE USE ONLY							RECEIVED DATE	.AUTHORIZATION NO.	COMMENTS
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