

CSIP REGISTRATION FORM

1. Applicant Information

Member ID:	_____		
First Name:	_____	Last Name:	_____
Brokerage (for shipping):	_____		
Address:	_____		
City:	_____	Postal Code:	_____
Email:	_____	Phone:	_____

2. Select CSIP Module

<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 4
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3. Complete Mentor Information (all applicants must have a designated mentor to enroll in the program)

Mentor:	_____		
Brokerage:	_____		
RIBO #:	_____	Position:	_____
Email:	_____	Phone:	_____
Signature:	_____		

4. Payment Options

Fee Enclosed (please refer to website for fees): \$ _____			
<input type="checkbox"/> Brokerage Cheque	<input type="checkbox"/> Certified Personal Cheque	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Card #:	_____	Card Expiry:	_____
Cardholder:	_____	Signature:	_____

5. Applicant Declaration

I _____ confirm that the above information is correct. I agree to participate in the above course and abide by the CAIB Registration Policy.

Signature

Date

Email, fax or mail completed registration forms (with payment) to:

designations@ibao.on.ca | fax: 416 488 7526
IBAO, 700-1 Eglinton Avenue East, Toronto, ON M4P 3A1

