

CAIB REGISTRATION POLICY

2019 IMPORTANT DATES (CAIB SELF-STUDY & ONLINE GROUP DISCUSSION)

SEMESTER	SEMESTER DATES	REGISTRATION DEADLINE	LATE REGISTRATION DEADLINE (+\$50 FEE)	EXAM DATE
Winter	Feb. 4–April 26	January 28	February 18	May 1
Re-sit Exam				February 6
Summer	June 3–July 26	May 27	June 17	August 7
Re-sit Exam				September 11
Fall	Sept. 9–Nov. 29	September 2	September 23	December 4

REFUNDS AND CANCELLATIONS

Only by written notice can one be eligible for a refund, however notice by the registrant to IBAO is time sensitive.

- Textbooks and materials are not refundable once shipped
- If a cancellation notice is provided more than 15 days before the start of a course, registrant is entitled a refund (minus Textbooks once shipped)
- If notice is provided in 15 days or less, there will be a \$75 admin fee in addition to the textbook & materials fees from the total refund
- There are no refunds once a course /class has begun

EXAM FORMAT: ONLINE

All CAIB Exams are now being facilitated online. These exams can be taken in almost any location, with stable internet connection, on devices with compatible web browsers (Chrome, Firefox or Safari). It is the test takers responsibility to find and register their proctor for the exam. The proctor can be either a Principal or a Manager at a brokerage, and must be registered with IBAO before the exam.

EXAM TRANSFERS

Only by written notice by the registrant to IBAO may a registrant be eligible to transfer their online exam date.

- If notice is provided more than 15 days before the start of a course, a registrant transferring to another course/semester is permissible (circumstances depending) with a \$75 admin fee (less Textbooks once shipped)
- No Transfers permitted one month prior to the Online Exam
- Approved Transfers are subject to a \$75 Member fee/ \$100 non-member fee to the next exam date
- No more than 2 (two) exam Transfers are permitted

NO SHOWS/EXAM RESITS

Registrants who fail to attend or complete their scheduled exam must provide supporting documentation (i.e. medical note), otherwise they are subject to no-show fee and transferred to the next exam date.

- No-show fee: \$150 (members) / \$190 (non-members)
- Re-sit exams (scored below 60%): \$135 (members), \$175 (non-members)

Note: It's the student's responsibility to become familiar with the Registration Policy prior to enrollment. Please keep a copy of registration information for your records. Fees are subject to change without notice.

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

education@ibao.on.ca | fax: 416 488 7526

IBAO, 700-1 Eglinton Avenue East, Toronto, ON M4P 3A1



CAIB REGISTRATION FORM (PLEASE COMPLETE ALL APPLICABLE FIELDS)

1. Applicant Information

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

2. Select Semester

<input type="checkbox"/> Winter Semester	<input type="checkbox"/> Summer Semester	<input type="checkbox"/> Fall Semester
------------------------------------------	------------------------------------------	----------------------------------------

3. Select CAIB Module

<input type="checkbox"/> CAIB 1	<input type="checkbox"/> CAIB 2	<input type="checkbox"/> CAIB 3	<input type="checkbox"/> CAIB 4
---------------------------------	---------------------------------	---------------------------------	---------------------------------

4. Select Study Option

<input type="checkbox"/> Self-Study - \$550 (member) / \$720 (non-member)	<input type="checkbox"/> Resit Exam - \$135 / \$175
<input type="checkbox"/> Online Group Discussion - \$620 / \$800	<input type="checkbox"/> Transfer Exam - \$75 / \$100
<input type="checkbox"/> Immersion - \$900 / \$1170 (see website for dates)	Date: _____

5. Payment Options

Fee Enclosed: \$ _____			
<input type="checkbox"/> Brokerage Cheque	<input type="checkbox"/> Certified Personal Cheque	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Card #: _____	Card Expiry: _____		
Cardholder: _____	Signature: _____		

6. 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:
education@ibao.on.ca | fax: 416 488 7526
IBAO, 700-1 Eglinton Avenue East, Toronto, ON M4P 3A1

