



**Arthritis & Exercise Distance Education Continuing  
Education Credit Course  
Registration Form (please print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Email: \_\_\_\_\_

Cost: \$45.00

**PAYMENT OPTIONS:**

**By Mail:**

- Cheque or Money Order enclosed (Payable to AFLCA)

Mail with registration form to:  
Provincial Fitness Unit  
Faculty of Physical Education & Recreation  
University of Alberta  
Edmonton, AB T6G 2H9

**By Fax: (780) 455-2264**

- Visa /  Mastercard

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_