

Request for Exam Performance Feedback

	Request for L	Admir enormance i ceas	ack
Student First Name:	Click or tap here to enter text.		
Student Last Name:	Click or tap here to enter text.		
Student ID:	Click or tap here to enter text.		
Province of Residence	: Click or tap here to e	nter text.	
FEES			
Level 1 – Introductory Business Valuation		Choose an item.	
Level 2 – Intermediate Business Valuation		Choose an item.	
Level 3 – Advanced Business Valuation		Choose an item.	
Level 4 – Special Topics in Business Valuation		Choose an item.	
Litigation Support in Business Valuation		Choose an item.	
Corporate Finance		Choose an item.	
Valuation for Financial Reporting		Choose an item.	GST/HST Registration #R108075334
Private Investments		Choose an item.	QST Registration #1016973498 GST/HST/QST – Please add taxes
Subtotal:		Click or tap here to enter	to total fees: PEI, NB, NL, NS and ON – add HST Quebec – add QST and GST Other provinces – add GST
GST-HST-QST:		Click or tap here to enter	
Total:		Click or tap here to enter	Other provinces and dor
PAYMENT INFOR	MATION		
☐ Cheque Enclosed (p☐ Visa ☐ MasterC	ayable to The Canadian Institute of Ci Card □An		5.00 will be charged for NSF cheques.
Card Holder Name and	I Last Name: Click or ta	ap here to enter text.	
Credit Card No.: Click	or tap here to enter tex	ct. Exp. Date: Click or tap he	re to enter text.
CVV: Click or tap here	to enter text.		
Signature: Click or tap here to enter text.		Date: Click or tap here to enter text.	
Please complete and retu	ırn this form along with yo	our payment to the address at the bottom	of this form.

Isabel Natale, Registrar & Manager, Education:

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