



APPLICATION TO WRITE TECHNICAL EXAMINATIONS FOR APEGA EXAM CANDIDATES AND STUDENTS

Please print clearly. Review the information below carefully. Incomplete applications will not be processed.											
Last Name	First Name	Dr./Mr./Ms./Mrs.	Member #								
Mailing Address		Please check one <input type="checkbox"/> Business <input type="checkbox"/> Residential									
E-Mail Address		<p>Please mail, fax, or e-mail your completed form to the attention of Mohamed Abdi, Technical Examinations Coordinator, at mabdi@apega.ca</p> <p>Applications will not be accepted after the deadline. Fees will not be refunded. An applicant is eligible for one deferral if a <i>written request</i> is made before the deadline.</p> <p>APEGA will mail a confirmation letter, along with your payment receipt, within 1-2 weeks. Your exam information document, including permissible materials and recommended textbook information, will be available within 4-5 weeks.</p>									
Business # ()				Home # ()							
<p>I wish to write the technical exams at the following session:</p> <input type="checkbox"/> April 23 - 27, 2012 (Deadline February- 2012) (October 2012 session & Deadline will be posted first week of May 2012).											
<p>I wish to write at the following site:</p> <input type="checkbox"/> Calgary <input type="checkbox"/> Edmonton <input type="checkbox"/> Other _____ (subject to approval)											
<p>I wish to write the following exams:</p> <table border="0"> <thead> <tr> <th>Exam Number</th> <th>Exam Name</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>		Exam Number	Exam Name	_____	_____	_____	_____	_____	_____	_____	_____
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<p>FEE: \$190/ exam GST exempt</p> <p>Enclosed is my payment for _____ made payable to APEGA.</p> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order		<p>APEGA OFFICE USE</p> <p>Payment</p> <p>_____</p> <p>Member Number</p> <p>_____</p> <p>Order ID</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Pseudonym</p> <p>_____</p>									
<p># _____</p> <p>Expiry Date: _____</p>											
<p>Applications will not be accepted after the deadline. Fees will not be refunded after the deadline.</p> <p>I understand that my site preference cannot be guaranteed and that I will be admitted only to the test site for which I have been scheduled. I agree that in the event my examination papers are lost, or if the exam is not held for any reason, any claim I may have will be limited to the examination fee paid by me. I further declare that I understand and agree to the provisions contained in this application form.</p>											
<p>Date: _____ Signature: _____</p>											

