

Last name		First Name	Date:
Langara I.D. Number			Course Outlines requested for
Email		Phone #	1.
Address			2.
			3.
City	Country	Postal Code	4.
<input type="checkbox"/> VISA <input type="checkbox"/> MC Number:			5.
Credit Card Holder Name			6.
Expiry Date			7.
<input type="checkbox"/> \$6 course outline x _____		<input type="checkbox"/> \$3 course description x _____	8.
TOTAL AMOUNT			

**Processing time varies, it could take 4-6 weeks or longer if courses are no longer current.*