New School of Gardening
Class & Workshop Registration

Name: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Phone number: (____) _____

□ **Please indicate here if you would like to receive periodic information about new products, upcoming events and gardening tips.**

Course of Workshop Name	Course Date	Price
	SUBTOTAL:	**$**
	GST (5%):	**$**
	GRAND TOTAL:	**$**

Payment method:

□ **Visa # _____ Exp: _____**

□ **MasterCard # _____ Exp: _____**

□ **American Express # _____ Exp: _____**

Name of cardholder: _____

Please complete form and fax to: 519-942-0610

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