International Credential Assessment Service of Canada
Service canadien d'évaluation de documents scolaires internationaux

icasinfo

Request for Registration

Name of Organization: _____

Address: _____

_____

_____

_____

Telephone: ( ) Fax: ( ) E-mail: _____

Please provide the names of individuals from the organization who will be accessing *icasinfo.*
Please give telephone number, fax number and e-mail address if different from above.

1. _____

2. _____

3. _____

If there is insufficient space, please add additional names on the back of this form.

Please indicate how you expect to be submitting the majority of your requests for information.

By telephone By fax By e-mail

Please indicate the anticipated yearly number of requests. _____ If there will be peak periods, please indicate the months when these will occur.

Please indicate how the information provided by ICAS will be used.

_____

The information provided by ICAS will be used only for internal purposes and will not be forwarded to an individual or to another organization.

Signed in behalf of the organization by: Name (Print) _____

Date: yr_____mo_____day_____ Signature _____

Return to ICAS of Canada, Ontario AgriCentre, 100 Stone Road West, Suite 303, Guelph ON N1G 5L3