



St. Lawrence College

Pre- Departure Orientation Session

Registration Form

Full Name: _____

Preferred Mailing Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country: _____ **Telephone:** (_____) _____ **Fax:** (_____) _____

Email: _____

Program applied to study at St. Lawrence: _____

St. Lawrence Student ID (as per the LOA): _____

Guest Accompanying (tick any one option): Yes () No ()

Full name of guest accompanying: _____

To be completed by Agents

Agent name (if Applied through an agent): _____

Agency's representative attending the event: _____

Agent Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country: _____ **Telephone:** (_____) _____ **Fax:** (_____) _____

Email: _____

Please mail completed registration form to:

Email: slcindiaoffice@sl.on.ca

St. Lawrence College

100 Portsmouth Avenue, Kingston, Ontario, K7L5A6, Canada

Website: <http://www.stlawrencecollege.ca/>