



Welcome to the Information Resource Centre (IRC) of the Centre for the Study of Learning and Performance (CSLP)

Registration Form

In order to have borrowing privileges, please provide the information below.

Full Name: Mr. Ms. _____

Email Address: _____

Contact Information (Home - Required)

Address (Line 1): _____

Address (Line 2): _____

City / Province / Postal Code: _____ / _____ / _____

Home Phone / Cell (or Other) Phone: _____ / _____

Contact Information (Work - Optional)

Position: _____

Institution: _____

Work Phone / Ext: _____ / _____

Area(s) of Interest: _____

Membership Fee:

Paid: \$ _____ Cash Cheque Payment Received by: _____

Date: _____

