



**Ontario
IMG
School**

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Mock Exam Registration Form

Last Name: **First Name:**

Address:

..... **Postal Code:**

Tel: () **E-mail:**

I would like to participate in the OSCE MOCK EXAM of:(date)

Registration Fee: \$250 + 13% HST

HST # 886579911 RT0001

Please make your cheque or money order payable to “Ontario IMG School”.

The date of cheque or money order must be at least 2 weeks before the mock exam date.

Please express **mail** the registration form and the enclosed cheque/money order to the address given above

For further information please visit the website at: www.ontarioimgschool.com

I have read and accepted the terms and conditions of this registration form.

Date:

Signature: