

Canadian Society for Medical Laboratory Science Société canadienne de science de laboratoire médical

Technical Report Appeal Request

∐Mr.	∐Miss	∐Mrs.	⊔Ms.	CSMLS ID#:					
Name:									
	First		Last		М	iddle Initial	Former Na	ame (if app	olicable)
Address:									
City:						Provinc	ce:		
Country:						Postal			
oounity.						_ Code:			
Telephone #:		Email:							
additional experts I would like to app Note: Additional applicant Statem By signing this ap	supportinent:	rechnical Re	port based on the	e followin	g reasc	on(s):		on form.	
I have enclosed the non-refundable fee of: (please				ase circle	rcle one) MLA				
		Member	Non-Member	Mami	Member		n h o w		
		\$165	\$220	\$55		Non-Mer \$105			
Lundersta	nd that I		I to abide by the	· ·				irec	
Signature:	na mai i	ani requirec	to ablae by the	current o	отчио р		ite:	1105	
Payments originating from Nigerian credit cards or accounts									
will not be accepted □ Cheque □ Money Order □ Master Card □ Visa □ AMEX					CSMLS USE ONLY				
Cardholder Name:					Date Received:				
Credit Card #:			Exp. Date:	Ex	Extension: Approved Denied			Denied	
<u> </u>			Payments must be	in Canadiar	funds				

Acceptable forms of payment are Visa, MasterCard, American Express, Canadian cheque or Canadian money order. Make your cheque or money order payable to the Canadian Society for Medical Laboratory Science, or CSMLS. If you are outside of Canada, you must make your payment by credit card only. Bank drafts or money orders will not be accepted and your application will be returned to you. If your payment is returned to us for insufficient funds, you will be charged a \$25.00 fee.