



THE INSTITUTE OF LAW CLERKS OF ONTARIO BUSINESS LAW FELLOWSHIP COURSE

The Institute of Law Clerks of Ontario "ILCO" is pleased to offer this Business Law Fellowship course to its members and to the legal community.

The course instructor is Murray Gottheil, Partner-Pallett Valo LLP. He is a senior member of their Business Law Practice and Family Business Law Group.

Students will be evaluated on the basis of one final examination to be written at the ILCO Education Centre.

Location ILCO Education Centre 20 Adelaide Street East, Suite 503, Toronto
Distance Learning via Webcast is also available.

Dates: Monday evenings commencing January 30, 2017 6:00 PM to 9:00 PM for 11 weeks. There will be **no classes** February 20 and March 13.
Review class – Monday, May 1, 2107
Exam date – May 8, 2107 - 6:00 PM exam preview, followed by 3 hour exam
Exam to be written at the ILCO Education Centre.

Cost: **** Members \$675.00 Non-Members \$825.00 ****

Refund Policy Refunds will be decided on an individual basis, up to the end of the first class. All refund requests must be made in writing. Refunds are subject to a minimum \$75.00 administration fee.

Notes There is a minimum registrant requirement in order to run the course.
ILCO does not accept post-dated cheques.
Fellowship marks are mailed within 45 days of exam writing. Exams papers are the property of The Institute of Law Clerks of Ontario. All grades are final: there is no appeal process for Fellowship courses.

**** Fees include course material (syllabus) and examination. ****

Deadline to Register: Monday, January 13th, 2017
Payment must be received to be registered.



FELLOWSHIP COURSE - REGISTRATION FORM 2017 BUSINESS LAW

Monday January 30th, 2017 to Monday, May 8, 2017

Payment using VISA/MasterCard may be faxed to 416-214-6255 or emailed to education@ilco.on.ca
ILCO does not accept post-dated cheques. Payment must be received to be registered for the course;
spaces cannot be held.

Name: _____
First Last

E-mail: _____

Mailing Address: _____
street # street name apt. or unit #

City: _____ Province: _____ Postal Code: _____

Home Telephone: () _____ Business Telephone: () _____
area code area code

Webcast or in-class? _____

Are you an ILCO member? Yes _____ No _____

If so, please provide ILCO Membership #: _____

Member rate: \$675.00 (no HST) Non-member rate: \$825.00 (no HST)

If you wish to pay your registration fee by VISA/MasterCard, please complete and sign below: Please charge

\$_____ to my VISA/MasterCard (circle one) PLEASE PRINT CLEARLY

Card #: _____ CVC(on back): _____

Expiry date: _____

Name of Cardholder: _____

Cardholder's signature: _____

FOR OFFICE USE ONLY:	CC PC FC MO _____
Authorization _____	Receipt Number _____