## **GUEST FORM**

QUESTED BY         Instructor's Name:         Course Code & Title:         Date:	<b>Depa</b> Faculty of Liberal Arts	<b>rtment of Soc</b> and Profession		versity	
Course Code & Title:  Date: Signature: Signa	QUESTED BY				
Date:	Instructor's Name:				
Amount:	Course Code & Title:				
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TEST DETAILS         iame:         iddress:         ity:       Province:         postal Code:         mail:       Required         elephone:       EXPIRY:         ocial Insurance Number:       EXPIRY:         REQUIRED       EXPIRY:         re you legally permitted to work in Canada?:       Yes         Yes       No         Date of Birth:       Required (mm/dd/yy)         Date of Visit:       Employed by York University?:       Yes         Time:       Location:       COFFICE USE ONLY:         IMPORTANT NOTES:       OFFICE USE ONLY:       DATE RECEIVED:         ADMIN INITIALS:       DATE PROCESSED;       DATE PROCESSED;	Amount:	-			
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mail:   Required     elephone:     ocial Insurance Number:   REQUIRED   REQUIRED   ExPIRY:   Required (if applicable)   re you legally permitted to work in Canada?:   Yes   Yes   No   Date of Birth:   Required (mm/dd/yy)   Date of Visit:   Required (mm/dd/yy)   Date of Visit:   Payment of \$200.00 per course, per year paid   by the Department of \$200.00 per course, per year paid   by the Department of \$200.00 per course, per year paid   by the Department of \$200.00 per course, per year paid   by the Department of \$200.00 per course, per year paid   by the Department of \$200.00 per course, per year paid   by the Department of \$200.00 per course, per year paid   by the Department of \$200.00 per course, per year paid   DATE RECEIVED:   ADMIN INITIALS:   Terumed to Administrative Assistant, \$755 Ross   • Payment will be sent to the guest after their visit to York	ddress:				
mail:  Required  Required  Required  Required  EXPIRY:  Required (if applicable)  Required (if a	ity: Province:		Postal Code:		
elephone:   ocial Insurance Number:					
Decial Insurance Number:       EXPIRY:         REQUIRED       Required (if applicable)         re you legally permitted to work in Canada?:       Yes       No         Date of Birth:       Required (mm/dd/yy)         Date of Visit:       Employed by York University?:       Yes         Date of Visit:       Location:         Time:       Location:         IMPORTANT NOTES:       OFFICE USE ONLY:         • Honorarium payment of \$200.00 per course, per year paid by the Department of Social Science. This payment will NOT be processed unless this form is completed in full and returned to Administrative Assistant, 5755 Ross       OFFICE USE ONLY:         • Payment will be sent to the guest after their visit to York       DATE PROCESSED;		Requi	red		
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Required (mm/dd/yy)         Date of Visit:       Yes       No         Time:       Location:         IMPORTANT NOTES:       OFFICE USE ONLY:         • Honorarium payment of \$200.00 per course, per year paid by the Department of Social Science. This payment will NOT be processed unless this form is completed in full and returned to Administrative Assistant, S755 Ross       OFFICE USE ONLY:         • Payment will be sent to the guest after their visit to York       DATE RECEIVED:       DATE RECEISED:	R			Required (if a	applicable)
Time:       Location:         IMPORTANT NOTES:       OFFICE USE ONLY:         • Honorarium payment of \$200.00 per course, per year paid or the pepartment of Social Science. This payment will NOT be processed unless this form is completed in full and returned to Administrative Assistant, S755 Ross       DATE RECEIVED:         • Payment will be sent to the guest after their visit to York       DATE PROCESSED:	re you legally permitted to work in Canada?:	Yes No	Date of Birth:	Required (m	m/dd/yy)
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<ul> <li>Honorarium payment of \$200.00 per course, per year paid by the Department of Social Science. This payment will NOT be processed unless this form is completed in full and returned to Administrative Assistant, S755 Ross</li> <li>Payment will be sent to the guest after their visit to York</li> <li>DATE PROCESSED:</li> </ul>	Time:	Location:			
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