

Date: _____

NPS Campus Number (OFFICE USE ONLY):		Student E-mail Address:	
① Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name:	First Name:	
② Address:			
City:	Province:	Postal Code:	
Primary Phone: () -	Alternate Phone: () -	Personal Email:	
③ Institution/School:		Student ID:	
Program/Course Name:		Program/Course Length:	
④ I would like to receive information about exclusive offers, technical updates, new products and contest announcements. <input type="checkbox"/> Yes <input type="checkbox"/> No			

⑤ NIKON EQUIPMENT REGISTRY

Membership in NPS Campus requires **ownership of one (1) Nikon body and one (1) Nikkor lens, purchased from an authorized Canadian Nikon retailer.** Nikon Canada reserves the right to request proof of purchase for any items listed below.

ITEM	SERIAL NUMBER	PURCHASED FROM	SCHOOL SUPPLIED	OWNED BY ME
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

⑥ Return application to:

Nikon Canada Inc. (NPS Campus Application)
 1366 Aerowood Drive
 Mississauga, ON
 L4W 1C1

OR Electronically via e-mail: NPS@nikon.ca