



GUANGSON
CONSULTING

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Application Date
(DD/MM/YYYY)

Guangson Cooperation Application

Applicant's Name		Title	
Company/ Institute Name		Post Code	
Address:			
Phone:		Email	
Please describe the company or institute you represented.			
What kind program do you intend to work with Guangson?			
Source of students			
Partnerships with other agencies (List)			
OFFICE USE ONLY			

***Please send this form to info@guangson.com**