



Payment Form

for

Continuing Education Course Registration

Directions: Please complete this form and send with your completed Registration Form if you are registering by MAIL or FAX.

Course CID # _____

Payment Amount \$ _____

Registration, fees, and insurance only. Books are purchased separately in the College Bookstore, if required.

Method of Payment: Check Money Order Visa MasterCard Discover

Credit/Debit Card Number: _____

Expiration Date _____ Code on Back of Card _____

NOTE: last 3 digits on card signature line

Name on Card _____

Signature of Card Holder _____

Billing Address of Card Holder _____

P.O. Box or Street Address

Apartment Number

City

State

Zip Code

Card Holder Phone Number: _____

Today's Date _____