



Payment Form

for

Emergency Services College Course Registration

Directions: Please complete this form and send with your completed Registration Form to:

DCCC Registration Office
P.O. Box 1287
Lexington, NC 27293-1287

If paying by credit card or billing to your agency, you may fax the forms to **336-249-0379**.

NOTE: Enrollment in some courses limited to persons 18 years of age or older. Refer to the course list in this publication.

Fee Calculation

Fire Association Fee \$ _____
(\$7.50 for 1 day course; \$15 for 2-3 day courses)

Course Fee \$ _____
(if not fee exempt)

Certification Fee \$ _____
(if applicable)

Total \$ _____

Student Name _____ Course ID # _____

Make check payable to DCCC

Method of Payment: Check Money Order Visa MasterCard Discover

Fill out if your fees are to be billed to your agency

Agency Name _____

Address _____ City _____ State _____ Zip _____

Agency Phone () _____ Email _____

Name of official authorizing payment (print) _____

Official's signature _____

Fill out for credit card payment

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

Billing Address of Card Holder _____
City State Zip Code

Card Holder Phone Number: _____