

To be sent with Training Registration form.

Credit Card Payment:

Name on Card: _____

Type of Card: _____

Billing Address of Card:

Town _____ State _____ Zip: _____

Card#: _____

Exp Date: _____ CID # _____ (3 digit number off back of card

or 4 digit number on front of American Express Cards)

NOTE: This form is not saved and is shredded after successfully payment processing.

Signature _____