

**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** \_\_\_\_\_