

| | | |
|---|------------------|-----------------|
| Personal Data | | |
| First Name | MI | Last Name |
| | | |
| Mailing Address | | |
| | | |
| City | State | Zip |
| | | |
| (Area Code) | Telephone Number | E-mail Address |
| | | |
| Registration and Payment For | | |
| Seminar Dates: _____ Location: _____ Seminar: Topic: _____ | | |
| <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Certified Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | | |
| <i>Credit card payments require prior approval when the credit card submitted is issued to someone other than the student.</i> | | |
| For Credit Card Payments | | |
| (Please Provide the Following Information) | | |
| Your Name, as it Appears on the Credit Card | | |
| | | |
| Your 16 Digit Account Number | | |
| □ □ □ □ | □ □ □ □ | □ □ □ □ □ □ □ □ |
| The Month and Year of the Expiration Date on Your Credit Card | | |
| □ □ / □ □ | | |
| Your Legal Signature as it Appears on the Back of Your Credit Card | | |
| | | |

Mail this form to: PO Box 1980 Thomasville, NC 27361-1980 or fax to: 336-472-2351.