



NCEHSOP Registration Payment by Credit Card

Please print/type all information so that it is legible

Person registering for this course: _____

Name of NCEHSOP course: _____

Date of NCEHSOP course: _____

Name as it appears on card: _____

Credit card number:

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Card Type (check one): Visa MasterCard Discover Diners Club JCB

Expiration Date (month/year):

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Billing address for card (Number, Street, City, Zip code):

Signature of Card Holder: _____

Provide receipt(s) to: _____

Name(s)

Email Address(es)

Please submit credit card charge along with corresponding registration form(s) via one of the following methods:

1. Fax documents to NCEHSOP at 336-348-6789
2. Mail documents to NCEHSOP, PO Box 316, Wentworth, NC 27375
3. Call NCEHSOP at 336-348-6770

*****DO NOT EMAIL OR OTHERWISE TRANSMIT CREDIT CARD INFORMATION TO
NCEHSOP VIA THE INTERNET*****

**ALL CREDIT CARD INFORMATION WILL BE DESTROYED ONCE TRANSACTION HAS BEEN APPROVED
AND WILL NOT BE STORED OR HELD BY NCEHSOP.**