



## 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  AMEX  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 NCESHOP 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.**