

Credit Card Information for On-Line Registration

Please submit your registration on-line, then provide your credit card information by phone, mail, or fax.

Name: _____

Phone (Daytime): _____

Conference Name: _____

Conference Date(s): _____

Amount to be Charged: _____

Charge:

____ VISA ____ MasterCard ____ AMEX

Account Number: _____

Verification Code: _____

Expiration Date: _____

Cardholder's Signature: _____

Mail or Fax to:

Registrar
Penn State Continuing Education, G220
P.O. Box 851
Hershey, PA 17033-0851
Phone: 717-531-6483
Fax: 717-531-5604

Office Use Only

Received by: _____ **Date:** _____

Transaction Number: _____ **Date:** _____