

# 2010 Registration and Publications Order Form

**RETURN FORM TO:**

The Clearing House  
 The Payments University  
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**Please Type or Print  
 All Portions of  
 This Form Clearly.**



Check here if your billing address is the same as your shipping address

## Course Registration

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

• If shipping address is different:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

• Please indicate the workshop number(s) of the class you are enrolling in:

\_\_\_\_\_

• Please list names and titles of all other employees attending this workshop with you

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

*Please make copies of the form for additional enrollees.*

- Association Member:** Account will be debited electronically. **Education Club #:** \_\_\_\_\_
- Non-Member:**     ACH debit: Account Number: \_\_\_\_\_ R&T: \_\_\_\_\_
- ACH credit (see page 26)

## Publications

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

• If shipping address is different:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

• Please indicate the name of the publication(s) and the quantity you are purchasing:

Name	Quantity