University of Great Falls

Continuing Education

payment form

PERSONAL INFORMATION

Full name: _____ Date: _____

Mailing Address: _____ City, State, Zip _____

E-Mail Address: _____ Phone/Extension: _____

I would like tio register for the_____ course.
I have attached the registration form to this payment form.

How did you hear about the course via: _____

PAYMENT INFORMATION

FORM OF PAYMENT ENCLOSED: *(Circle One)* Check Enclosed VISA MasterCard Cash

AMOUNT ENCLOSED: $ _____ _____
If *paying by credit card, please provide the following.*

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____

3 digit verification code: _____ (This code is the last 3 digits on the signature panel on back of card)

Complete Billing Address for Credit Card: _____
Street Address City State Zip

Signature of Cardholder: _____ Date: _____

FOR OFFICE USE ONLY

Date Replied: _____

Signature: _____

Notes:

Please return completed form along with your payment to:
Sonja Bickford, Director of Continuing Education
University of Great Falls, 1301 20th Street South, Great Falls, MT 59405
Fax: 406-791-5990