



# PAYMENTS EDUCATION LIBRARY REGISTRATION FORM

## Organization Information

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address \_\_\_\_\_

## I wish to register for the following courses

Course Name: \_\_\_\_\_

Course Type: (check one)     Single     Learning Path

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Course Name: \_\_\_\_\_

Course Type: (check one)     Single     Learning Path

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Course Name: \_\_\_\_\_

Course Type: (check one)     Single     Learning Path

Registration Fees	Member / NonMember
Single Course = \$229/\$458	
2-part Learning Path = \$409/\$818	
3-part Learning Path = \$589/\$1178	

Fee Calculation
\$ _____ (Course fee as indicated above)
\$ _____ <b>Total Registration Fee</b>

Please calculate your registration fees based upon the fee schedule above.  
Tax will be added to your invoice.

## Method of Payment (check one)

Education Club Credit (one credit per person per session)  
*NOTE: Education Club credits may be used to pay for multi-part webinar series.  
i.e. 2-part learning path= 2 Education Club credits.*

Please ACH debit my account for the amount indicated above as follows:  
ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_ (no G/L#s)  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Payment

Credit card type\*  
           

Card Number: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Please send an Invoice

**RETURN VIA FAX TO (262) 345-1246**