

REGISTRATION/CREDIT CARD FORM FOR NSU NON-CREDIT COURSES

REGISTRANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

COURSE TITLE: _____ COURSE TITLE: _____

METHOD OF PAYMENT: CHECK VISA MASTERCARD DISCOVER CASH

CHARGE AMOUNT: \$ _____ T-SHIRT SIZE: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

CARD HOLDER'S ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ SECURITY CODE: _____

PRINTED CARD HOLDER'S NAME: _____

CARD HOLDER'S SIGNATURE: _____

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Checks or money orders should be made payable to "Nicholls State University" and returned to:

Office of Continuing Education, P.O. Box 2119, Nicholls State University, Thibodaux, LA 70310 or in person at our office located at 300 Ardoyne Drive.

For more information please visit our website at www.nicholls.edu/continuing-ed/ or call 985-448-4444, FAX 985-448-4552

OFFICE USE ONLY:

Amount Owed: \$ _____ Received by CEP: _____ Account to be Charged: _____

Credit Card Payment received by: _____ Mail In _____ Fax In _____ Walk In - Date Processed by Fee Collection: _____

CONTROLLER'S OFFICE FAX #7098