

REGISTRATION/CREDIT CARD FORM FOR CONTINUING EDUCATION

CAMPER'S NAME: _____

CAMP NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

E-MAIL ADDRESS: _____

METHOD OF PAYMENT: CHECK VISA MASTERCARD DISCOVER CASH

CHARGE AMOUNT: \$ _____



PRINTED CARD HOLDER'S NAME: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

CARD HOLDER'S ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ SECURITY CODE: _____

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 125 Elkins Hall.

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

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