

Continuing Education Payment Form



Course Name(s):

Dr. _____

Assistant(s) _____ \$100 ea

Address _____

City _____ State _____ Zip _____

Phone _____ Date ____ / ____ / ____

Payment options:

Check Enclosed - Check # _____ (deposit date ____ / ____ / ____ office use only)

Charge my credit card below

Visa / MasterCard / Amex

Card Number _____ - _____ - _____ - _____ (authorization # _____ office use only)

Exp Date _____ 3 Digit V-Code _____ Total \$ _____