

# Credit Card Payment Form

Department of Comparative Medicine

Animal Health & Food Safety Risk Analysis Short Course presented by Dr. David Vose

(E181730-9000807)

<b>CREDIT CARD INFORMATION</b>	
<b>Full Name:</b> <i>(as listed on card)</i>	<b>Person Ordering:</b> <i>(if not previous name)</i>
<b>Address:</b> <i>(Must match credit card billing address)</i>	
<b>City, State &amp; Zip Code:</b>	<b>Phone number:</b> <i>(including area code)</i>
<b>Visa/Mastercard/Discover</b> <i>(select one)</i>	<b>Module I</b> <b>\$350.00</b> _____
	<b>Module II</b> <b>\$550.00</b> _____
<b>Card Number:</b>	<b>Module III</b> <b>\$800.00</b> _____
	<b>Module I, II, III</b> <b>\$1,600.00</b> _____
<b>Expiration Date:</b> <i>(mm/yy)</i>	<b>Total Amount</b> _____

**\*\*\*\*\*Instructions:**

Fill out form and fax to **Tressie Brown** at **865-974-5640**

(Online registration is not available)

*CAUTION: Credit Card information is confidential, so this completed form will be secured.*