

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*(Please make sure to fill in the above information for credit card security purposes)*

PHONE (day) \_\_\_\_\_ PHONE (evening) \_\_\_\_\_

EMAIL \_\_\_\_\_

*(Please include your email, legibly written, for email confirmation of registration and for any possible class changes.)*

| COURSE CODE # | COURSE TITLE | FEE |
|---------------|--------------|-----|
|               |              |     |
|               |              |     |
|               |              |     |
|               |              |     |
|               |              |     |
| <b>TOTAL</b>  |              |     |

**1) PAY BY CHECK:**

Please make a separate check for each course payable to: Needham Community Education

**2) PAY BY CHARGE:**

BY PHONE: 781-455-0400 x235 8am-4pm

BY FAX: 781-455-0417 OR

THROUGH THE MAIL (see address below)

**MAIL TO: NEEDHAM COMMUNITY EDUCATION**

1330 HIGHLAND AVE, NEEDHAM, MA 02492

**OFFICE USE ONLY**

Tally

Batch#

Check

**CREDIT CARD INFORMATION:**

**MC, VISA, OR DISC. CARD.** Please provide your address above. This information will help us ensure a higher level of security for your credit card transaction.

Credit Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_