

Payment Information Summer 2009

Number of people registering _____ @ \$450 per person = \$ _____

Date and Location of RCII training _____

We cannot register you until we have received one of the following:

- (1) a hard copy of a school purchase order***
- (2) credit card information***
- (3) a check made payable to "NEFC, Inc."***

(1) ___ I am including a hard copy of school purchase order number _____
with this registration form.

(2) ___ VISA ___ MC Number _____ - _____ - _____ - _____ Exp _____

Billing Name _____

Billing Address _____

City _____ State _____ Zip _____

Name as it appears on card _____

Signature _____

(3) ___ Check number _____ is enclosed. Make payable to NEFC, Inc.

Contact name _____ Phone _____

Mail or fax this 2-page form, along with payment or purchase order to:

NEFC - registrations
85 Avenue A, Suite 204
P.O. Box 718
Turners Falls, MA 01376 – 0718

Fax to: 877-206-3952