

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
TOTAL		

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: _____