

Registration and Payment Form

Center for Deployment Psychology

University Counseling Center Core Competency (UC4): Service Members and Veterans on Campus

Friday, Oct. 31, 2014, 8:30 a.m.-5 p.m.

HOSTED BY THE UNIVERSITY OF BALTIMORE

Person Attending:

First Name Last Name

Mailing Address

City State ZIP

Telephone Cell Phone

Email Address

Cost: ___\$25: I will *not* need Continuing Education credit.

___\$50: I will need Continuing Education credit.

Method of Payment:

___ credit or debit card: see authorization form below; fax to 410.837,5290 or call information in to 410.837,5159

___ check: mail this form and your check made payable to the University of Baltimore to:

Myra Waters, Ph.D., Director
University of Baltimore
Counseling Center
1420 N. Charles St.
Baltimore, MD 21201

Credit/Debit Card Payment Authorization:

Please complete the following information if you want to process payment via your credit or debit card.

Name as it Appears on Credit/Debit Card

Billing Address

City State ZIP

Billing Telephone

Visa MasterCard Discover Card

Credit/Debit Card Number

Card Expiration Date CVV Number

I authorize the University of Baltimore or its authorized credit/debit card transaction agent(s) to bill my credit/debit card account indicated above for payment of the single premium charged for the Center for Deployment Psychology Workshop that I will attend on Oct. 31, 2014.

Signature _____ Date _____

