
Education & Training Registration Form

REGISTRATION INFORMATION:

Session Name: _____

Session Date: _____ Session Cost: _____ Session Location: _____

Credit Union: _____

Credit Union Address: _____

Name & Title of Registrant: _____

Email Address (required): _____ Phone: _____

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PAYMENT METHOD:

Check Enclosed (make payable to NJCUL) Invoice Me

Visa Mastercard American Express Discover

Please charge \$ _____ to the above credit card.

Card Account #: _____ - _____ - _____ - _____ Exp.: _____ CVV Code: _____

Print Name as it Appears on Card: _____

Billing Address: _____

Signature: _____ Date: _____

By signing this form you are acknowledging that you are personally liable to NJCUL for the dollar amount printed in the "Please charge \$ _____" space above.

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PLEASE RETURN THIS FORM TO NJCUL:

Fax: 609-448-3499

Mail: NJCUL
299 Ward Street
Hightstown, NJ 08520
Attn: Education Department

Phone: 609-448-2426

Some workshops will require a minimum number or registrants. In the event that a session is canceled you will be notified.

CANCELLATION POLICY: NJCUL must receive written cancellation in our office seven (7) days prior to the education session in order for you to receive a refund; substitutions only after this date. All cancellations will be subject to a \$35 cancellation fee.