



# 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.