



Name: _____ Date: _____

Amount & Method of Payment: \$ _____ Credit Card Cash Check # _____

Course Selection: # _____ Dates of Course: _____

I have read & understand Bastyr-Simkin Center's Cancellation, Transfer, and Refund Policy : yes _____ (initial)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ eMail: _____

How did hear about this class?: _____

Credit Card Payments- Billing Information

Name on Card: _____

Card type (please choose one) : Visa / Mastercard / Discover / American Express

Card #: _____

Expiration Date: ____ ____ ____ ____ CVC (3 digit security code on back of card) : ____ ____ ____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please include any additional notes or questions for the Simkin Center below:

