S & E Code Training

Class Registration Form

Mailing Address:
S & E Code Training
P.O. Box 292002
Columbia, SC 29229

Name_____   **Date**_____

Jurisdiction/Company:_____

Address:_____

City:_____   **State:**_____   **Zip:**_____

Phone:_____   **Email:**_____

Class Selection and Date_____

☐ **Check Enclosed** (Make Checks Payable to S & E Code Training)

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effectuntil cancelled.

Credit Card Information
Card Type: ☐ MasterCard   ☐ VISA   ☐ Discover   ☐ AMEX   ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____   CVV#_____
Cardholder ZIP Code (from credit card billing address): _____

I,_____, authorize_____to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____   _____
Customer Signature   Date