



## STOP THE VIOLENCE WORKSHOP REGISTRATION & CREDIT CARD PAYMENT FORM

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ ST ID: \_\_\_\_\_  
TERM/SEMESTER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
AMOUNT: \_\_\_\_\_ DATE TO PROCESS CHARGE: \_\_\_\_\_

### Authorization

I hereby authorize a charge in the amount indicated above to be made to my:

VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_  
CREDIT CARD #: \_\_\_\_\_ EXP DATE \_\_\_\_\_  
CARDHOLDER'S NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
RELATIONSHIP TO STUDENT: \_\_\_\_\_  
BILLING ADDRESS (INCLUDE ZIP  
CODE): \_\_\_\_\_

\*DO NOT FAX

\*PLEASE SCAN AND SEND TO [CWADE@MCCORMICK.EDU](mailto:CWADE@MCCORMICK.EDU)