REGISTRATION PAYMENT FORM

Please mail or FAX to: **Colorado Consulting Services**
5320 E. Dakota Avenue
Denver, CO 80246

FAX: 303-388-6610

Course Title: _____

Registration Date: _____ **Number of Course Credits** _____

Course Type _____ **University granting credit** _____
(Online or Classroom Contact) **(CSUSB, BU, or CU)**

Important! ***Credit can be granted only once per specific course title.*** **Please keep track of the CCS course titles you take!**

Have you ever taken the selected course before? YES ☐ NO ☐

Student Name: _____ _____ _____
First *M.I.* *Last*

Birth Date: _____ Contact phone # _____

Home Address: _____
Street

_____ _____ _____
City *State* *Zip Cod*

Email _____

Please check box if you are not already on our email list and would like to receive CCS updates ☐

Tuition Payment: $_____ Make check payable to: **Colorado Consulting Services, Inc.**

CREDIT CARD COUPON

Method of Payment (circle one): VISA MASTERCARD DISCOVER CARD

____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/

Expiration Date (month/year): _____/_____

Amount: $_____

Signature: _____Date: _____