

# CSSR Credit Card Payment Form

Please print this form, fill it out it, and fax it to 401-826-2592.

If you decide NOT to register electronically online, you will need to fill out the PRINTABLE REGISTRATION FORM and include it with this completed form.

*The printable registration form can be linked to from the online registration page.*

## CSSR Summer Professional Development Institute

**Date: August 23-25, 2010**

Location: Pittsfield Middle High School, 23 Oneida Street, Pittsfield, NH 03263

**Registration Fee:** \$675 per person for teams of two (2) or fewer educators

Special discounted rate of \$595 per person for teams of three (3) or more educators, same school.

New Hampshire Educators \$575 per person.

- Registration deadline date for the Summer Institute is August 16, 2010

School/Org Name: \_\_\_\_\_

Total Educators Covered by this Payment: \_\_\_\_\_

Total Amount of Charge: \_\_\_\_\_

Your Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Credit Card Information:** (please check one box below)

Visa       MasterCard       American Express

Name as it appears on Credit Card

Credit Card Number

Expiration Date

Security Code (3 digit number on back of card)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Confirmation Email: \_\_\_\_\_

Please call us with any questions or concerns at 401-828-0077.

