



HHS UNIVERSITY

HHS University
Phone: 301.451.6810
FAX: 301.480.3287

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Administration and Management

CREDIT CARD PAYMENT FORM

Name of Training: _____

Course Number: _____

Date(s): _____ to _____ Location of Training: _____

Name of Participant: _____

Agency/OPDIV (*Please circle one*): ACF AHRQ AoA CDC CMS FDA HRSA IHS NIH OS PSC SAMHSA

Other Agency: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Note: Attach trainee list (with above information) for group registration.

PAYMENT BY CREDIT CARD

Amount of Payment: \$ _____ Government Credit Card Visa

American Express Discover

Credit Card Number: _____ Expiration Date: ____ / ____

Cardholder Name: _____ Phone: _____

Cardholder Address: _____ City: _____ State: _____

Cardholder Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____

Payment Amount: _____ Date Billed: _____