



Student Center Programs Council Options Course Registration

Name: _____ Date: _____

Phone: (_____) - _____ Email: _____

Course Name	Cost Per Person	Number of Participants	Total Cost
Total Cost			

Credit Card Information (Visa or MasterCard Only)

I, _____, hereby authorize the Georgia Tech Student Center to charge my credit card account, not to exceed: \$ _____.

Credit Card Number: _____ - _____ - _____

Expiration Date (MM/YY): ____/____ VID (3 digit number on back of card): _____

Circle One: Visa MasterCard

Credit Card Billing Address (as listed with Credit Card company):

Street: _____

City: _____ State: _____ Zip: _____

Card Holder Signature

Date

*Your completion of this form helps protect you, our valued customer, from credit card fraud. The Georgia Tech Student Center will keep information on this form strictly confidential. **GIT needs your ACTUAL SIGNATURE in order to process payment.***

Please complete the form and return it via fax (404.894.3888) or email (tasha.myers@stucen.gatech.edu)
For more information, please call the Student Center Programs Office: 404.894.2805