



Northeast Mississippi Community College
Continuing Education Unit Program
"PARTICIPANT CEU REQUEST"



Payment must be received with request. Please indicate payment method below.

Please Print

Name of Training _____

Date of Training _____ **School District** Union County School District

Name Last First Middle Initial

Permanent Home Address (P.O. Box or Street)

City State Zip Code County E-mail

Social Security/ID Number Date of Birth Telephone

Participant Signature _____

Payment: \$10.00 per class request

CASH () _____ MO # _____ CHECK # _____

DEBIT/CREDIT CARD

Name on Card: _____

Card Number: _____

Expiration Date: _____ Type of Card: Credit () Debit ()

Amount: _____

Card Name: MasterCard () VISA () Discover () 3 Digit Security Code: _____

Office Use Only:

Processed by _____

Date _____

AR _____

BO _____

Spaiden _____ Yes No

Banner Class _____

Fax or Mail Request to:
662-720-7896

Continuing Education
NEMCC
101 Cunningham Blvd.
Booneville, MS 38829