



# Board Certification Program Registration Form

## Non-Designation Attendance CE Credit Only

**3 CEU's each class attended**  
**\$25.00/class**

Full Name \_\_\_\_\_ Company / Organization \_\_\_\_\_

Professional Designation \_\_\_\_\_ Adjuster / Agent / RN / CCM / CDMS / or Bar # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**REGISTRATION INFORMATION**

*(\*\*Please fill in rate for appropriate registration and check appropriate class)*

**Course:**  BC 1  BC 2  BC 3  BC 4  BC 5  BC 6  BC 7  BC 8  BC 9  BC 10

**Individual Course- \$25.00** (must be paid *by or before* each class)

**PAYMENT INFORMATION** *(Please check payment method):*

- Visa\*
- MasterCard\*
- American Express\*
- Discover\*
- Check



*(\*The WCCP Association will be processing all credit card charges for this program. You will receive an email receipt immediately upon processing.)*

\$ \_\_\_\_\_ Total Payment (Enclosed / Authorized)

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ \*CVV Security Code: \_\_\_\_\_  
*(\*3-4 digit number found on front/back of card)*

Email Address: \_\_\_\_\_

**MAILING INFORMATION:**

The WCCP will be collecting all funds for this Program. Please send payment made payable to:

**WCCP Association, P.O. Box 2930, Land O Lakes, FL 34639** *(Please do **not** send registrations by U.S. Post Office Certified Mail)*

If paying by credit card, you may fax this form to The WCCP Association at (866) 616-1220.