



Board Certification Program Registration Form Non-Designation Attendance

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- \$45.00 (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.