

PDC REGISTRATION FORM
PRAXIS I Preparation

Please Print Clearly

Name _____

Home Address _____

City _____

State _____ Zip _____

Telephone _____

Email _____

Method of Payment:

Check Enclosed

Purchase Order # _____

Agency _____

Address _____

Credit Card (circle one): Visa, MasterCard, Discover

Expiration Date: ____/____/____ Card Number: ____/____/____/____

Signature: _____

3 digital security code on back of card: _____

Complete and mail to:

Professional Development Center, USM, 8 Bailey Hall, Gorham, ME 04038