



NICWA

National Indian Child Welfare Association
Protecting our children • Preserving our culture

NICWA Online ICWA Course Registration Form

1) Registrant Information					
First Name:		Last Name:			
Agency:			Region (if applicable):		
Address:					
City:			State:		Zip:
Phone:	()		Fax:	()	
E-mail:					

2) Payment Information—NICWA Online ICWA Course FEE— \$50 per person					
Name on Credit Card:			Credit Card Type: (circle one)	AMEX	VISA
				MC	DISCOVER
Credit Card #:			Security Code*:		
Billing Address:			Expiration Date:		
City:			Check #:		
State:		Zip:		Cash:	
Contact Phone:	()				

*Security Code is the 3-digit number on the back of your credit card. For American Express this is the 4-digit code found on the front of the card.

3) Receipt Addressee Information (Complete if different than the registrant listed in box 1)			
Send to credit card holder <input type="checkbox"/>	I would like this receipt e-mailed to me. <input type="checkbox"/>	I would like a hard copy of this receipt mailed to me. <input type="checkbox"/>	
Name:			
Agency:			
Address:			
City, State ZIP:		E-mail:	

4) Return completed form to NICWA		
Mail with check to: NICWA ATTN: Laurie Evans 5100 SW Macadam Avenue, Suite 300 Portland, OR 97239	OR	Fax with credit card information to: (503) 274-1645