Credit Card Payments:
NYSCSG Regional Workshop

Workshop Location: _____

Please Circle: MC VISA AMEX DISC

Name of cardholder:_____

Address of cardholder: _____

City / State: _____

Zip: _____ Phone Number: _____

Card Number# _____

Expiration date: ___/_____ (XX/XXXX)

Security code: _____ $_____

Signature: _____ Date: _____

Mail with registration form to: NYSCSG
Ingrid Prior, Treasurer
2315 Route 29, Middle Grove, NY 12850

OR Email with registration form to: treasurer@nychimneysweepguild.org

www.nychimneysweepguild.org