

**Credit Card Payments:
NYSCSG Regional Workshop
March 8-9, 2013**

Please Circle: MC VISA AMEX

Name of cardholder: _____

Address of cardholder: _____

City / State: _____

Zip: _____

Phone Number: _____

Card Number# _____

Expiration date: ___/___/___ (XX/XX/XXXX)

Security code: _____ \$ _____

Signature: _____ Date: _____

Send to:

**NYSCSG
C/o Ingrid Prior
2315 Route 29
Middle Grove, NY 12850**



www.nychimneysweepguild.org