



REGISTRATION FEE PAYMENT FORM

I, _____ hereby authorize CDA technical Institute to charge
Print Full First & Last Name
my credit or debit card (*details listed below*) the \$100 registration fee for enrollment into the following
vocational program: (*Circle One*)

**Air/Mixed Gas
Commercial Diving**

Martime Welding

**Emergency Medical
Technician**

**Dive Medical
Technician**

**Certified Hyperbaric
Technician**

CARD TYPE (*circle one*)

Visa Mastercard American Express Discover Other: Credit

CARD DETAILS

Card Number: _____

Name On Card: _____

Expiration Date: _____ 3 Digit Security Code _____

Billing Zip Code: _____

Cardholders Phone: _____

Relationship to Applicant: _____

Authorizing Signature: _____ Date: _____

Card Holder, Only Needed if Mailing Form

MM/DD/YYYY

ENROLLEE DETAILS

Student's Name: _____

Student's Phone: _____

Class Start Date: _____

CDA STAFF USE ONLY

Payment Accepted By: _____ Date: _____

Print Staff Member Name

MM/DD/YYYY