[](http://www.viterbo.edu/univ.htm)

**Course Payment Information**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN or Viterbo ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay Method:

\_\_\_\_\_\_\_ Credit Card

\_\_\_\_\_\_\_ Check enclosed

\_\_\_\_\_\_\_ Please send a receipt

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

DISC/VISA/MC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ CVV \_\_\_\_  
 on back of card

Amount to Pay $ **220.00** Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Number/Title: Time of offering:

**2016FAM EDUC 549-049 December 7-8, 2016  
WASBO/WASPA 2016 School Personnel Academy**

Ms. Andrea Pelloquin  
Viterbo University Off Campus Center  
2323 S. 109th St, Suite 375  
West Allis, WI 53227  
[ajpelloquin@viterbo.edu](mailto:cavalenti@viterbo.edu)  
1-800-234-8721 or 414-321-4210