

**Welcome to Valley Medical Center's Medical Career Exploring Program
Explorer Post 751**

A program of the Silicon Valley Monterey Bay Council, Learning for Life
\$50 registration fee

PAYMENT FOR EXPLORER POST 751 REGISTRATION 2017-2018

Name of participant(s): _____

Payment Amount: \$ _____ (\$50/participant)

Payment Type:

Make Checks payable to "Learning for Life" Credit Card (information below)
 Cash I would like to discuss scholarship

Credit Card Information:

VISA Mastercard Discover American Express

CARD NUMBER: _____ Expires: _____ / _____

Name as it appears on card: _____

Signature: _____

Credit Card billing address:

Street: _____ ZIP Code: _____

(RECEIPT)
RECEIVED BY: _____ DATE: _____