



FAX

To: ODF **FROM:** _____
FAX: (405) 241-1260 **FAX:** _____
DATE: _____ **PAGES:** _____
RE: COURSE/SEMINAR PAYMENT
COMMENTS:

PLEASE COMPLETE THE FOLLOWING INFORMATION AND FAX TO THE ODF OFFICES. ENROLLMENT WILL BE COMPLETE UPON RECEIPT AND APPROVAL OF PAYMENT.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT KATHERINE ADAMS AT (405) 241-1299.

THANK YOU.

NOTES:

317 NE 13th Street, Oklahoma City, OK 73104

DATE _____

CARD HOLDER'S NAME: _____

COURSE/SEMINAR DESCRIPTION: _____

STUDENT NAME: _____

AMOUNT: _____

VISA MASTER CARD DISCOVER

CARD # _____ - _____ - _____ - _____

EXP. DATE _____ / _____ CV2 # _____

SIGNATURE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

OFFICE USE ONLY

AP _____ REF. _____

DATE PROCESSED _____ GROUPED