



**2017 CSU Counselor Conferences
Check Payment Form**

This check payment form must be included with the check payment. Mail your check payment to the designated address, indicated on registration form. Please print clearly.

Name of person completing the form: _____

Email: _____

Phone Number: _____

Conference Date: _____

Please list name, email and confirmation number of attendee(s):

Important: If payment is for more than one attendee, please list all registrants on *one* check payment form.

Name: _____ Email _____ Conf. # _____

Name: _____ Email _____ Conf. # _____

Name: _____ Email _____ Conf. # _____

Name: _____ Email _____ Conf. # _____

Name: _____ Email _____ Conf. # _____

Name: _____ Email _____ Conf. # _____

Name: _____ Email _____ Conf. # _____

Name: _____ Email _____ Conf. # _____

Please note, your registration is not confirmed until payment is received. Once payment is received, your registration will be changed to confirmed.