

PRSA Training Order Form

Program: Digital Communication Certificate Program Product: CRSDC19/REG
MyPRSA ID: _____
First Name: _____ Last Name: _____
Title: _____ Organization: _____
Address: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Email: _____ Phone: _____
Fax: _____

Member Price: \$1,495.00 Nonmember Price: \$1,795.00

Coupon/Promotion Code: _____

Payment Method

Enclosed check, payable to PRSA

Credit Card: American Express Master Card Visa

Card Number: _____

Expiration Date: ____ / ____

Cardholder Name: _____

Signature: _____

If paying by check, mail this form with your payment to: PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003

If paying by credit card, fax this form to: (212) 460-5460

No event registrations will be processed without proper payment.