



Wannalancit Mills
650 Suffolk Street
Suite 410
Lowell, MA 01854

mail@neiwpc.org
www.neiwpc.org
p: 978-323-7929
f: 978-323-7919

How to Register for NEIW PCC or JETCC Go-To-Training Courses and use an alternative payment method. Complete this form if you are unable to use a credit card, or your credit card will not process through PayPal.

1. Click on the link for the NEIW PCC or JETCC webinar for which you are registering.
2. Fill in all the required (*) personal information fields.
3. Click on **CONTINUE**
4. Instead of continuing to PayPal, close out of the registration. Your information will be stored in the GoToTraining System.
5. Please use the form below to submit your alternative payment.
6. Once your payment is received, your registration will be completed and you will receive a registration confirmation email with the link for your training class. To ensure enrollment, your form should be received by our office not less than three (3) business days in advance of the webinar you wish to attend.

The Remote Learning Payment Form is **NOT** a registration form. Its sole purpose is for the submission of alternative payment. You must complete the online steps above to be registered.
If you are mailing your payment, please keep the three-business-day time frame in mind when mailing your form.

MAIL FORM AND PAYMENT TO:

NEIW PCC - Training; 650 Suffolk St., Ste. 410, Lowell, MA 01854

FAX TO: (978) 323-7919

EMAIL TO Training@NEIW PCC.org

Registrations CANNOT be completed over the phone.

Hard copies MUST be mailed, emailed or faxed.



REMOTE LEARNING PAYMENT FORM

THIS IS NOT A REGISTRATION FORM. This form is only for the submission of an alternative payment.

Please be sure to register through our online portal before sending in payment.

COURSE TITLE _____

COURSE NUMBER _____

COURSE DATE _____

NAME (Please print clearly) _____

PHONE: (_____) _____

EMAIL (required):

PAYMENT METHOD:

AMOUNT \$: _____

CHECK # _____ **PO #** _____

PO BILLING ADDRESS: _____

NOTE: POs must be attached to this form and received 3 business days prior to class to ensure enrollment.

CREDIT CARD (Please circle): MASTERCARD VISA DISCOVER

CREDIT CARD # _____ **EXP DATE:** _____ **3-DIGIT CODE:** _____

NAME ON CARD: _____

CARD BILLING ADDRESS: _____

RECEIPT EMAIL IF DIFFERENT THAN ABOVE: _____

SIGNATURE (required) _____

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