



NYCB Training Approval Application Credit Card Authorization

Name: _____
 Job Title: _____
 Agency: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail Address: _____

Credit Card: Visa MasterCard American Express

Cardholder Name: _____

Card No.: _____

Training Approval Application Filing Fee: _____ \$

Security Code: _____ Exp. Date: _____

Credit Card Billing Address: _____

Cardholder Signature: _____

Fee Schedule:

Trainings without registration fees:	Trainings with registration fees:
\$25 per course or:	\$35 per course (6 or fewer) or:
3-5 trainings per year \$75	7-10 trainings per year \$250
6-10 trainings per year \$150	11-15 trainings per year \$300
11-15 trainings per year \$200	16-20 trainings per year \$350
16-20 trainings per year \$250	21-40 training institute \$400
21 trainings or above at a contracted rate	41 trainings or above at a contracted rate

Conference Fee – \$100 per day
 College Course – \$100 / 45 hour max

Questions? Please email support@asapnys.org
 date of this application form: September 2018

Thank you for your commitment to Peer Recovery!