

Microphone Headset Order Form

Please print your information clearly.

First Name	Middle Initial			Last Name	
Mailing Address	Apt.#	C	ity State	Zip	
() Day Time Phone Number		Student ID Number* * If you do not know your student ID number, please provide the last four digits of your social security number			
Payment Method: □ Cash (Wal	lk-ins Only) □ Check □	Money Order □	Visa □M	C	
****Make check or money	order payable to WECA.	There is a \$25 fee	e for all ret	urned checks****	
Credit Card Number	Exp	20/ piration Date	3 Dig	it Security Code	
Charge Authorization Signatur	re	Date		\$ 20.00 unt Authorized	
Print Name Exactly as it appea	rs on Credit Card	Cardholder's Billing Address/ Check if same as above:			
lease complete form and send wi	th payment to our Sacram	ento Region Off	ice & Trai	ning Center:	
	By Email: etregistrar@goweca.com		By Mail: WECA 3695 Bleckley Street Rancho Cordova, CA 95655		
By Email: etregistrar@	goweca.com	3695 Bled	kley Stre		
		3695 Blec Rancho C	kley Stre Cordova, (CA 95655	
		3695 Bled Rancho C	kley Stre Cordova, (CA 95655	