



2020 INCUBATION & EMBRYOLOGY RESERVATION FORM



School/Pre-school/Facility _____
would like to reserve _____ incubators

Dates Signed up for: _____

- 1 week Program** **3-week Program** **Eggs Only**



Teachers who will be working with this project are:

Teacher Name	Teacher E-mail Address	Grade	# of Students

Principal/Contact: _____ Phone: _____

E-mail Address (IMPORTANT) _____ Fax: _____

Mailing Address: _____

Payment included Check Money Order Credit Card (over)

Payment will follow (**no separate invoice will be mailed!**)

***Please submit proper paperwork to your
Accounts Payable Dept. for processing!***

\$25 per unit (Make checks payable to: **4-H Ed. Services**)

See page 2 for paying by credit card!

Please return via mail, e-mail or fax
If you have questions, please contact:

Cole County Extension/Cole County 4-H
2436 Tanner Bridge Rd.
Jefferson City, MO 65101

Phone: (573) 634-2824
E-mail: coleco@missouri.edu
Fax: (573) 634-5463

Proud Partner Agency



Credit Card Payment/Refund Authorization Form

Sign and complete this form to authorize **Cole County Extension** to make a one-time debit/credit to your credit card listed below.

By signing this form you give us permission to debit/credit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

*This extension center will **NOT** accept this authorization form by email. **BUT** we will accept it by fax at 573-634-5463; by mail 2436 Tanner Bridge Road, Jefferson City, MO 65101 or call the information in at 573-634-2824.*

Please complete the information below:

I _____ authorize **Cole County Extension** to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)
_____ .
(description of goods/services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

SIGNATURE _____ **DATE** _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____

