

Payment Form:

SUFFOLK COUNTY
VENDOR EDUCATION CERTIFICATE

Please Print Clearly

Name of Business _____

Corporate Name _____

Business Street Address _____

Town _____ Zip _____

Phone # _____ Access # _____

Check/M.O.# _____

Name of Person Completing Class _____

Live Class _____ On-Line Class _____ (Please check one)

Please attach a **check** or **money order** (no cash, include access#) for **\$50** payable to:

SC Department of Health Services

If you are mailing, send payment & this form to:

Office of Health Education
PO Box 6100
William Lindsay Complex, Bldg C016
Hauppauge, NY 11788