



Hellenic College Holy Cross Greek Orthodox School of Theology 2012 Special Diaconate Program Payment Form

_____ Last Name	_____ First Name	_____ M.I.	
_____ Street Address	_____ City	_____ ST	_____ Zip
_____ Home Phone	_____ Cell Phone		
_____ Email	_____ Date of Birth		
_____ Emergency Contact Name	_____ Emergency Contact Phone Number		

Indicate session(s) that you will be attending in the summer of 2012:

Week #1: July 29 – August 4 - \$925 **Week #2: August 5 – August 10 - \$925**

Make checks payable to Hellenic College, Inc.			
<input type="checkbox"/> Check Enclosed	Charge \$ _____ to my:	Visa <input type="checkbox"/>	MC <input type="checkbox"/> Amex <input type="checkbox"/>
Credit Card Number _____	Expiration _____		
Cardholder Signature _____	Date _____		

Return this form and your payment to:
Agnes Desses, Assistant Director of Admissions
Hellenic College, Inc.
50 Goddard Avenue, Brookline, MA 02445
Direct Phone: (617) 850-1260
Email: adesse@hchc.edu