



National Safety Council

Attn: Illinois Program
200 Salina Meadows Pkwy
Syracuse, NY 13212-4510
1-800-822-7009

**DRIVER REMEDIAL EDUCATION COURSE
Registration Form**

Drivers License Number:

Date of Birth:

Suspension Effective Date:

Termination Date:

(If the above ADDRESS is incorrect, please make the appropriate changes.)

Dear Motorist:

The Secretary of State is requiring you to complete the Illinois Driver Remedial Education Course. Enclosed you will find a Schedule of Classes that includes registration instructions. You may also register online at <http://ddcncs.org/IL>.

The cost of the course is **\$80.00**. PLEASE NOTE: Any delay in registration or completion of the program could affect your driving privileges. It is recommended that you register early as class sizes are limited.

**** YOU MUST HAVE A CONFIRMATION NOTICE OR NUMBER TO BE ADMITTED INTO CLASS. ****

Daytime Telephone Numbers: () _____ () _____

Please indicate your class choice below:

Class Date: _____	Class Location: _____
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We accept payment by **money order** (payable to the National Safety Council). You may also pay with **credit card** - Visa, MasterCard, American Express or Discover. **NO personal checks.**

Credit card information:

Account Number: _____ -- _____ -- _____ -- _____ Expiration Date: ____/____/____

Printed Name of Cardholder: _____ 3 Digit Verification Code: _____

Signature: _____ Relationship: _____

(Card holder's signature & relationship required for all credit card payments.)

FOR NSC USE ONLY:		
Reference No.:	Deposit Date:	Amount: