

Course Name \_\_\_\_\_ Date of Session \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Credit Card Authorization

**Total Amount**

\$ _____
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Each Class \$50.00 (Member & \$75.00 Non Member) Per Person

Printed Name on Card: \_\_\_\_\_

Company Name: \_\_\_\_\_

Card Type:       MasterCard       Visa       AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      SEC Code: AMEX (4 digits on front) \_\_\_\_\_  
SEC Code: MC& Visa (3 digits on back): \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: (    ) \_\_\_\_\_

Cell Phone Number: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_