

Event Registration and Credit Authorization

Today's Date: Course: Start Date:

Attendee: (Please Print) First Name Last Name Price: \$

Type of card: (Circle one) Amex MC Visa Disc

Card number: 4 digits 4 digits 4 digits 4 digits

Expiration date: mm/yr 3 digit security code on back (4 digits on front for Amex)

Authorized Signature:
Your signature is permission to charge the credit card.

Full imprinted name as it appears on card:
Please Print

Billing address of card holder:

Street: City: ST Zip

Phone numbers: Home Work Cell

Email

I understand my payment is non-refundable and that the course must be paid in full prior to class unless alternative arrangements have been made.

Please fax to 786-272-0681

Signature

