

Workshop Title: _____ **Date of Workshop:** _____

How did you hear about this workshop?

Information about Participant Attending Workshop:

Last Name:		First Name:
Job Title:		
Email:		
Name of Organization:		
Phone:	Fax:	

Will additional participants be attending the workshop? If so, please provide their information below:

Last Name:	First Name:	Job Title	Email:

Credit Card Information (must match monthly statement information):

Name listed on credit card:			
Credit Card Type (select one):	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card 16-Digit number:	Security Code:	Exp. Date:	
Signature:			Date:

Credit Card Billing Address (must match monthly statement information):

Name listed on credit card:		
Address:		
City:	State:	Zip Code:
Province:	Country:	

Please list how you would like your name to appear on your badge if different from the name(s) listed above:

Do you or anyone attending this workshop have any food allergies? If so, please list allergies below:

Workshop Payment Information:

Qty	Name of Workshop	Workshop Price	Total (Qty x Workshop Price)
GRAND TOTAL *			

For Office Use Only

Notes:

* Grand Total will be the amount charged to the credit card listed above.

Information for Completing the Credit Card Payment Form

Credit Card Information

- Fill in all credit card information including the payment amount to be charged to your credit card. Form must be signed and dated by the cardholder for validation. COMPANY OF EXPERTS, INC. cannot process credit card payments without an authorized signature.
- COMPANY OF EXPERTS, INC. does not accept debit cards or check cards that require use of a personal identification number as a method of payment.

Credit Card Billing Address

- For verification purposes, address information must be filled out as it appears on credit card monthly statement. Failure to complete the address information, including zip/postal code, may result in the payment not being accepted by your credit card institution.

Payment Information

- To properly apply your payment, please indicate the quantity, description of product and/or service in which you want to apply this payment to.

Important Information

- We will use this authorization to charge your credit card for any additional products or services needed that are not accounted for above.
- For any questions regarding payment or you need additional information, please contact:

Heather Robaina

Heather@CompanyofExperts.net

Telephone: (702) 228-4699