



SEMINARS BY DESIGN

Achieving Competence Through Knowledge

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Credit Card Authorization Form

Date:

Name (as it appears on Credit card) _____

Address (of Credit card) _____

City State Zip _____

Telephone # _____ Fax # _____

Email address _____

Type of Credit Card Amex MC Visa Discover

Card Number _____

Expiration Date _____ Ver. Code _____

Amount To Be charged \$ _____

Authorized Signature _____

Courses or Date _____

Lunch Choice if Applicable (add \$15 per class date) Select Below:

Chicken Caesar Salad Deli Club with Chips Turkey Wrap with Fruit

**Number 1 for First Class Date & 2 for 2nd Class Date – If same for both days please enter ✓