

HFResonance Webinar Registration

D. C. Smith Consultants Credit Card Processing

Fax to: +1-702-570-6013

1. Credit card type and number: _____

2. Amount to charge: _____

3. Name on card: _____

4. Expiration date: _____

5. Billing address (street number and zip): _____

6. 3 or 4 digit security code: _____

7. Email with text stating the authorization to charge the amount for the course and
Signature, date, contact phone, fax number, and email address

or:

8. Signature: _____

9. Date: _____

10. Phone: _____

11. Fax: _____

12. Email: _____

Rates (applies to the number of people registered/paid on this form):

1-4 people: \$100 per person up to 4 people to a max of \$400

5-20 people: no additional charge for up to 12 computers on web session