



### CREDIT CARD PAYMENT AUTHORIZATION

Type of card                          
VISA      MASTERCARD      AMERICAN EXPRESS      GOVT PCARD

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

CVV code \_\_\_\_\_

3 digit security code (4 digit Amex)

Cardholder's Name \_\_\_\_\_

Card Billing Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**Payment for:**

Attendee Name \_\_\_\_\_

Seminar       Advanced EVM 2 day \$950.00

Advanced Project Scheduling 2 day \$950.00

Amount\* \_\_\_\_\_

\_\_\_\_ \*10% discount for 31-day advance payment

\_\_\_\_ \*10% discount for group of three or more

\_\_\_\_ \*20% discount for group of three or more with 31-day advance payment

I hereby authorize SM&A to charge my credit card as listed above for the services noted herein, and agree to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete, scan and e-mail to [PMASeminars@smawins.com](mailto:PMASeminars@smawins.com)  
Receipt will be e-mailed to you after processing- Approx 30 days prior to seminar start date.

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