



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 Performance Management Associates 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
Receipt will be e-mailed to you after processing- Approx 30 days prior to seminar start date.

E-mail _____