



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 Project Scheduling 2 day \$950.00
 EVMS 3 day \$1395.00
 Combined Proj Sch /EVMS 5 day \$1795.00

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

E-mail _____