

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. Signature: _____

8. Date: _____

9. Phone: _____

10. Fax: _____

11: Email: _____

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

1 person: \$120 and then for each additional person:

2+ people: \$100, cap of \$600 for people registered on one form, no charge after \$600 for additional people, same location.