



Continuing Education Credit Registration

PO Box 228 • Media, PA 19063

Sales: 1-800-868-9950 Fax: 1-800-991-3692

Class Date: Thurs., January 26, 2017 • Location: ASD, 108 Chesley Drive, Media, PA 19063

Firm Name: _____

Name of attendee(s): _____

Cost: \$100 for 1 class, \$150 for both (Includes catered lunch)

- I would like to attend the 10a-12p class for 2 CE credits
- I would like to attend the 1p-3p class for 2 CE credits
- I would like to attend both classes for 4 CE credits

Payment authorization

Credit Card: Visa MasterCard Discover American Express

Company name: _____

Card number: _____

Expiration Date: _____ Security Code: _____ Amount to be charged: _____

Billing Zip Code: _____ Phone Number: _____

Full name of Cardholder: _____

Signature of Cardholder: _____

Check:

Company name: _____

Address: _____

Financial Institution: _____

Bank Routing number: _____

Bank account number: _____

First and last name on account: _____

Signature: _____ Phone Number: _____

I (We) _____ hereby authorize ASD, Inc. to debit the account number and the financial institution named above for the amount of \$ _____. It is understood my (our) account will be debited on the date received.

SPACE IS LIMITED! Payment is due prior to class in order to reserve your seat and will be processed upon receipt. If reservation for seminar is cancelled, there will be a \$50 cancellation fee per class. Please fax back payment authorization to 1-866-480-8600.