



Chicago, IL

August 1—August 2

\$175.00 per attendee

Credit Card Payment Form

Please print legibly.

Fax to: 850-332-5446

Cardholder Name (as it appears on the card):

(First Name)

(M.I.)

(Last Name)

Cardholder Address (as it appears on statement):

(Address)

(City)

(State)

(Zip)

Credit Card Number: _____

Expiration Date (MM/YY): _____

Amount to be Charged: \$ _____

Attendee Name(s)

_____	_____
_____	_____
_____	_____

Email for Payment Receipt:

Contact Person: _____ **Contact Phone Number:** _____

Have questions? Contact Katie.Tener@StuderEducation.com or 850-898-3949.