



# EXPORT COMPLIANCE BOOTCAMP

## CHARGE CARD AUTHORIZATION FORM: Mastercard, Visa, American Express Or Discover **RE: Export Compliance Bootcamp**

Please select location you want to attend:

Miami: Monday, September 24, 2012     Fort Lauderdale: Thursday, September 27, 2012

Date:	
To:	Maylynn Menoud, P: 305-416-6880, F: 305-416-6887, E: miamirsvp@gray-robinson.com
Sender	

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Month/Year)

V-Code Or Security Code (Back Of Card) : \_\_\_\_\_  
(Required)

Name As It Appears On Card: \_\_\_\_\_  
(Print Name)

Billing Address For Charge Card: Address: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Required)  
Phone: \_\_\_\_\_

Amount To Be Charged: \$ \_\_\_\_\_  
(Seminar Fee \$50 Per Person)

Names and Email Addresses for Seminar Attendees:  
(REQUIRED FOR CONFIRMATION AND UPDATES)

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Paying With: (Please Select One)  Mastercard  Visa  American Express  Discover

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Accounting Use Only:

Authorization #: \_\_\_\_\_

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