



Editors Retreat
July 25 – 29 | Atlanta, Georgia

Credit Card Authorization Form

Type of Card (*Circle one option please*):

Visa

Master Card

Discover

American Express

Company Name: _____

Name on Card: _____

Card Number: _____

CVV Code: _____ Exp. Date: _____

Address Associated with Card: _____

City, State, Zip: _____

Signature of Card Holder:

FULL AMOUNT DUE: \$ _____

This amount to be split and charged in two equal payments as below:

PAYMENT #1: _____

1/2 to be charged when registration is received for ER 2018

PAYMENT #2: _____

Remaining balance due by Tuesday, July 10, 2018



RETURN VIA EMAIL TO: DanielA@fmctraining.com
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