



ASMP SEMINAR WALK-IN REGISTRATION AND BOOK SALE

Name (as it appears on credit card) _____

Business/Studio Name _____

Billing Address _____

Phone _____ Email _____

ASMP Seminar Name _____

ASMP Member / \$25

Professional Association Member / \$40

Non-Member / \$50

Student* / \$10 (unless otherwise indicated for the specific program)

* Show ID at the door

Payment Information

CONFIDENTIAL

Credit Card: Visa / MC / Amex / Discover

Credit Card Number _____ Exp Date _____ Verification Number _____

For your safety and security, ASMP requires that you enter your card's verification number. On most cards the verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number. For American Express, the verification number is a 4-digit number printed on the front of your card. It appears after and to the right of your card number.

Check # _____ Drivers License # _____

Cash

Amount Paid \$ _____

CONFIDENTIAL

Chapter Representative _____