



PO Box 228 • Media, PA 19063

Continuing Education Credit Registration

Sales: 1-800-868-9950

Class Date: Thur., January 14, 2016 • Location: ASD, 108 Chesley Drive, Media, PA 19063

Firm Name: _____

Name of attendee(s): _____

ASD Account # _____

Cost: \$75 for 1 class, \$125 for both (Includes special discount for ASD clients)

- ☐ I would like to attend the 10:30a-12:30p class for 2 CE credits
- ☐ I would like to attend the 2p-4p 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: _____ Amount to be charged: _____ Billing Zip Code: _____

Full name of Cardholder _____

Signature of Cardholder: _____ Phone No.: _____

Check No. (Pls include copy of check): _____

Company name: _____

City: _____ State: _____ Zip Code: _____

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. If reservation is cancelled, there will be a \$50 cancellation fee per class. Please fax back payment authorization to 610-744-1187.