



Credit Card Authorization Form, Invoice & Receipt & Check Payment Form
Make Checks Payable to NetSuds.com, Inc.

If you pay by check, you must still fill in all your contact information below.
No Refunds. You may substitute someone after you register.

? Event or Product: **May 25, 2005 MedSuds Executive Briefing – Part 1**
Amount to Charge: **\$199** (on or before 5/16/2005), **\$299** afterwards

? Event or Product: **May-September-November MedSuds Executive Briefing**
Amount to Charge: **\$525**

Card Type: (circle one) **Visa MasterCard American Express Discover**

Card Number: _____

Expiration Date: _____

Name: _____
(Exactly as it appears on the card)

Billing Address: _____
The most common credit card failure mechanism is an incorrect mailing address.
Be sure to use your billing address, not any other address.

City, State, Zip: _____

Phone: _____

Email address: _____

Signature: _____
(To be kept on file)