



PHYTOMEDIC LABS

"Unraveling nature's secrets for a healthy living...scientifically"

REGISTRATION and CREDIT CARD PAYMENT AUTHORIZATION FORM

Please fill out and sign this form and email back to: msmamadou@msn.com

I, am hereby registering for the **ENZYME THERAPY TRAINING** course(s), and I authorize PHYTOMEDIC LABS, to charge my credit card listed below for the transaction listed as event. The amount to be charged will incur an additional bank charge of 3.26%.

EVENT: ENZYME THERAPY TRAINING

1st course: September 23 and 24, 2018: _____ (please mark)
2nd course: November 23 and 24, 2018: _____ (please mark)
Both courses: _____ (please mark)

CARD HOLDER NAME: First: _____ Last: _____

Address: _____

CITY: _____ STATE/COUNTRY: _____ POSTAL CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

CREDIT CARD INFORMATION (If you would like to use a credit card that you have submitted before, you do not need to fill out the number, just mark YES below, unless there are some changes).

Please use Credit Card on file: YES _____

CREDIT CARD NUMBER: _____

CREDIT CARD TYPE (mark one): VISA _____ MasterCard _____ AMEX _____

CARD EXPIRATION DATE: _____ (MM/YY) CARD SECURITY (CV): _____

CARD BILLING POSTAL CODE: _____

Authorized Signature: _____ Date: _____
