

Credit Card Information: MasterCard and Visa only

Card number: _____ Security Code __ __ __ Exp date __/__

Name on Card: _____

Billing Address: _____ City: _____ St: _____ Zip _____

Meeting date or Seminar you are attending: _____

Email address: _____ Phone #: _____

Enrollment #, CPA #, or CTEC #: _____

Fax or mail to:

Roger Garay, EA

2065 Arnold Way #103

Alpine, CA 91901

FAX: 619-445-1421