CREDIT CARD PAYMENT FORM

PAYMENT INFORMATION (all information is required).
Credit Card payment forms that are not filled out completely could delay your registration process.
We respect your privacy. The personal information requested below is for use in processing your credit card, which is done with secure encryption online. We never reveal, share, or sell member information. Charge will appear on your credit card statement as "The 2 Sisters".

_____ $_____
What are you paying for? (Name and date of workshop, etc) Total Amount

_____
Who are you paying for? (Name(s) of people registering for the workshop)

□ VISA □ MasterCard

Credit Card Number

_____ _____/_____ _____
Name as it appears on Card Expiration Date Security Code

_____
Billing Address

_____ _____ _____ _____
City State Zip Code Phone Number

_____
Email address (we will send you a payment receipt via email)

_____ _____
Signature Today's Date

Office Use Only
□ Credit Card Charged on _____ Transaction ID _____ Receipt Emailed on_____