



Life Christian Counseling Network, LLC
Clinical Excellence from a Christian Foundation

CREDIT CARD AUTHORIZATION FORM
Trauma Workshop May 21-22, 2010

Name on Card: _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

3 digit verification number on the back of card: ____ ____ ____

Street # for Card: _____

Zip Code: _____

Registration Fee for Trauma Workshop;

Charge Amount: _____

Type of Credit Card: Master Card VISA Discover

I, _____, authorize Life Christian Counseling Network to bill my credit card for the amount indicated above.

Signature: _____ Date: _____