



...where people and payments connect

# In-Person Registration Form

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**AAP Preparation (\$500 per attendee)**

- June 8 and 9 in Atlanta, GA from 9:00 until 4:00 first day and 9:00 until noon second day
- July 14 and 15 in Greenville, SC from 9:00 until 4:00 first day and 9:00 until noon second day
- August 19 and 20 in Leesburg, VA from 9:00 until 4:00 first day and 9:00 until noon second day

Attendee: \_\_\_\_\_

Attendee: \_\_\_\_\_

Attendee Email: \_\_\_\_\_

Attendee Email: \_\_\_\_\_

**CANCELLATION POLICY: Cancellations must be received at least 3 business days prior to the session in order to receive a refund/not be charged for session.**

**DEBIT AUTHORIZATION**

I authorize Payments Information Circle to initiate electronic debit entries to my: \_\_\_checking account (or) \_\_\_ general ledger account for payment of seminar sessions in the amount of \$\_\_\_\_\_.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled in writing.

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Financial Institution Name (Please Print): \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Fax to 404-591-8886  
or mail to:  
Payments Information Circle  
3475 Lenox Road, NE, Suite 400  
Atlanta, GA 30326**