



Credit Card Authorization Form

Fax this credit card authorization form to 561-347-7678

NAME (AS IT APPEARS ON YOUR CREDIT CARD)

CARD NUMBER

EXPIRATION DATE

Visa MasterCard American Express Discover

CARD SECURITY CODE For Visa & MasterCard, last 3 digits on the back of the card, For American Express, 4 digits on the right front of the card

ADDRESS

CITY, STATE, ZIP

CARD SECURITY CODE

\$69 Early Bird Registration # of tickets _____

\$59 BRIC, BREIA, FLREIA member price # of tickets _____

\$99 VIP (includes box lunch and front row seating # of tickets _____

AUTHORIZATION

I authorize the Distressed Real Estate Institute, LLC. to charge my credit card for the amount of \$_____ as payment for attending the Distressed Real Estate Workshop on January 11, 2009. I acknowledge that seating is limited for this event and that tickets for this event are non refundable.

X

SIGNATURE:

DATE: