



Internet Training Webinars Credit Card Form

IMPORTANT Requirements:

Required: Internet Explorer 5.0, Netscape 6.0, Mozilla Firefox 1.0 or greater

Required: Stable 56k cable modem, ISDN, DSL, or better connection

Recommended: Java Virtual Machined enabled, Minimum of Pentium 300 with 64 MB of RAM

For Outlook Integration: Microsoft® Outlook ® 2000 or later

Webinar Topic Date/Time:

Clinic Name:

Amount to be charged:

Name of Attendees:

Client hereby authorizes Addison Health Systems, Inc. (AHS) to charge Client's credit card, designated below, for the above detailed items. The Client must verbally approve any use of the Client's card. Client and AHS, Inc. perpetually agree that the interpretation and construction of this agreement and client relationship shall be construed, governed and enforced only in the Courts of Dallas County, Texas, wherein AHS, Inc. maintains its principle office, apply the laws of the State of Texas; and the Client and AHS specifically waive recourse to any other Court, and in the event of litigation the prevailing party shall be entitled to reasonable attorney fees. The Client acknowledges by his signature that he has read this entire agreement and understands it.

Credit Card Number	Exp. Date	Signature	Date
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Print Name on Card	Email Address
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Fax Back to 972-392-2345
If you have any questions call (972) 392-7778