

FCPX Creative Summit 2017 Payment Plan



CARD INFORMATION FOR INSTALLMENT PAYMENTS

Type of Card: Circle one please:

Visa Master Card Discover American Express

Company Name: _____

Name on Card: _____

Card Number: _____

CVV Code: _____ Exp. Date: _____

Address Associated with Card: _____

City, State, Zip:

Signature of Card Holder:

FULL AMOUNT DUE: \$ _____

This amount to be split and charged in three equal payments as below:

PAYMENT #1: _____

1/3 to charge on date of registration

PAYMENT #2: _____

1/3 to charge on August 5, 2017

PAYMENT #3: _____

1/3 to charge on October 14, 2017

RETURN VIA EMAIL to: daniela@fmctraining.com or fax to: 212.233.3517

Future Media Concepts

299 Broadway, Suite 1510 | New York, NY 10007 212-233-3500