

DELEGATE PAYMENT FORM

Credit Card Hold

(If The Performance Institute does not receive payment from your organization within thirty days of the event start date, the credit card information given below will be charged.)

Immediate Payment

(The undersigned hereby gives The Performance Institute permission to process payment on the outstanding balance described below.)

This document acknowledges that the undersigned is / will be attending the event _____

and has an outstanding balance of \$_____ as reflected on the attached invoice.

INVOICE NO.

AMOUNT

CREDIT CARD TYPE: (Circle One) VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD NO.

EXPIRATION DATE

NAME

BILLING ADDRESS

BILLING ADDRESS

EMAIL ADDRESS (FOR RECEIPT)

Cancellation Policy: The Performance Institute will provide a full refund less a \$399 administration fee for cancellations requested four weeks prior to the event start date unless cancellation occurs within two weeks prior to the event start date. If a cancellation is requested less than two weeks prior to the event start date, no refund will be issued. Registrants who fail to attend and do not cancel prior to the event will be charged the entire registration fee. All cancellations must be requested through the cancellation link found in your attendance confirmation email. Please note that cancellation is not final until you receive a cancellation confirmation email.

I have read and accepted the Cancellation Policy above.

ACKNOWLEDGED AND AGREED

By: _____ Date: _____