

Kalman Filtering Consultant Associates

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CREDIT CARD AUTHORIZATION FORM

AUTHORIZATION

I authorize Kalman Filtering Consultant Associates to charge my credit card in the amount of

\$_____ (US Dollars) for ___ registration(s) in the JANUARY 17-21, 2011 short course "Application of Kalman Filtering to GPS, INS, & Navigation."

(Due to conversion rates, please note that the amount shown on your card may vary. The charge will be in US Dollars.)

CREDIT CARD INFORMATION

Card type (circle one) Visa MasterCard American Express

Credit card number: _____

Expiration Date: _____

Cardholder's name as it appears on card: _____

Billing address for this card: _____

Daytime Telephone Number for Cardholder: _____

CARDHOLDER'S SIGNATURE

Authorized signature: _____ Date _____

Kalman Filtering Consultant Associates will email you when your card has been charged.

Please FAX THIS FORM to 714-281-4619. We will confirm receipt by email.
(If you have trouble transmitting, wait until the voice message ends, then press "send.")