

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 <u>JUNE 14-18, 2010</u> 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 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.")	