

Name: _____ Country of Residence: _____

MMS Student Number: _____

Please list the classes you are registering for at this program:

Are you paying the (please check one):

Deposit ☐Balance ☐Full Amount ☐**PAYMENT INFORMATION** By completing this form, you are indicating that you give the Modern Mystery School full permission to process the amount specified on the credit card provided below.

Amount authorized: _____ Credit Card: (Please circle one) VISA MasterCard AmEx

Credit Card Number: _____

Expiry Date: ____/____ CVV (Security code): _____

Signature: _____ Date: _____

PLEASE READ AND INITIAL BESIDE EACH STATEMENT:

_____ Registration is not complete until deposit is paid.

_____ Final and full payment is due no later than the dates indicated on the calendar posts for each class. (Late fees apply.)

_____ Payments are non-refundable and non-transferable for ANY reason.

_____ Classes added or changed at a later date will be subjected to an additional administrative fee of \$50 per class or change to registration.

_____ All information must be filled out in full. Any missing information will delay your registration.

Please send completed form to the Modern Mystery School
by email info@modernmysteryschoolint.com or by fax 647-430-8491.