

Name: _____ Country of Residence: _____

MMS Student Number: _____

List of Class(es): _____

Location of Class(es): _____ Date of Class(es): _____

PAYMENT INFORMATION

By completing this form you are indicating that you give Modern Mystery School full permission to process the amount specified on the credit card provided below.

Total Deposit Amount for class(es): _____

Amount to be processed including 3% transaction fee: _____ (Multiply Deposit Amount by 1.03)

Credit Card: (Please circle one) VISA MasterCard AmericanExpress

Credit Card Number: _____

Expiry Date: ____/____ CVV: (3 digit code on the back of your card /Amex 4 digit code) _____

Signature: _____ Date: _____

PLEASE READ AND INITIAL BESIDE EACH STATEMENT:

____ Registration is complete upon placing deposit.

____ Deposits are non-refundable and non-transferable for ANY reason, with the exception of government intervention and legally mandated changes due to Covid-19.

____ 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.

____ The remaining balance for the full registration is due at final registration at the beginning of the first class attended.

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