



CREDIT CARD PAYMENT FORM  
Executive Education Programs

Name of  
Participant: \_\_\_\_\_  
Registration to: \_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_  
\_\_\_\_\_

Date of Program(s): \_\_\_\_\_  
\_\_\_\_\_

If paying by credit card, please provide the following  
information  
(ONLY VISA and MASTERCARD are acceptable)

VISA /MASTERCARD No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: (\$USD) \_\_\_\_\_

Name (As it appears on Credit Card)  
\_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

All payments to be made to the University of Miami

Mail form and check (if paying by check) to:

Aurora Goicochea  
University of Miami  
School of Business  
5250 University Drive  
Room 221-Jenkins Bldg.  
Coral Gables, FL 33146  
USA