

Order Form

Payment Information
Credit Card #: _____
Expiration Date: ___/___/___ (mm/YY)
Cardholder's name: _____
CVV or CVC: _____
Signature : _____
Billing Info : _____
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Others (Type Here) _____

Personal Information
Name: _____
Address: _____
Address Line 2: _____
City: _____
State: _____
ZIP: _____
Phone: _____
Fax: _____
Email: _____
Job title*: _____

Fill out the order form, and revert back at:

cs@vedcompliance.com

Conference Title:			
Conference Date:			
	Quantity	Price	Total
Live			
Recording			
DVD			
Live & Recording			
Live & DVD			
Recording + DVD			
Corporate Live 1-3-Attendees			
Corporate Live 1-6-Attendees			
Transcript (Pdf)			
Live & Transcript (Pdf)			
Recording & Transcript (Pdf)			
DVD & Transcript (Pdf)			
Coupon Code			
Total			

Please send the completed order form via fax or e-mail

Note: All the order related material (Presentation, Transcript etc.) shall be fulfilled through the included email address only.
cs@vedcompliance.com