



Credit Card Information

Read the note below before completing this form & fax completed form to
(+1) 713-599-0376, Attn: Giovanna Delli Compagni*

Type of Payment: Visa MasterCard AMEX Discover
(Circle One)

Amount of Charge: US \$ _____

Account Number: _____

Expiration Date: ___ / ___ Authorization Code # _____**

Name as it appears on the card: _____

Billing Address: _____

City / State / Zip Code: _____

Daytime number: _____

Fax number: _____

E-mail: _____

Signature: _____

Please note:

*Payment will be charged to your credit card after the official confirmation of the course and within 48 hours after receipt of this form. The vendor name on your credit card bill will read "GeoMechanics International".

** The 3 digits in the back of your credit card (VISA, MC, Discover) or the 4 digits on the front to the right of the credit card number (AMEX). We need these numbers to process your credit card.

5373 West Alabama Street, Suite 300, Houston, Tx 77056 · tel 713.599.0373 fax 713.599.0376 www.geomi.com

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