



Book It!

Names of People Attending:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Firm _____

Day Phone () _____ SMC Member () Yes () No

Credit Card # _____

Expiration Date ____ / ____ / ____ CCV # (3 digit security code on back of credit card) _____

Signature _____

Print Name on Card _____

Fax to: (909) 860-9170 or mail in envelope to SMC, 1330 S. Valley Vista Dr.,
Diamond Bar, CA 91765 or via email to vsolorzano@biasc.org
Questions? Please call (909) 396-9993