



4801 Woodway Drive, Ste 150W
Houston, TX 77056
713-871-1800
www.scminc.com

Public Training Registration Form

Please complete/sign the form and return by email ***mwalden@scminc.com*** or fax **(832) 494-3780**.

SCM Public Course Offerings in Petrel

Please select course name for which you are registering:

- | | |
|---|--|
| <input type="radio"/> Basics - 2 days (\$1,600) | <input type="radio"/> Intermediate - 5 days (\$4,000) |
| <input type="radio"/> Property Modeling - 3 days (\$2,400) | <input type="radio"/> Modeling Workflow - 5 days (\$4,000) |
| <input type="radio"/> Adv Structural Framework - 2 days (\$1,600) | <input type="radio"/> Petrel Workflows (Process Manager) - 1 day (\$800) |
| <input type="radio"/> Seismic Interpretation - 3 days (\$2,400) | <input type="radio"/> Immersion - 15 days (\$12,000) |

*Your Name:				*Dates of Class: from:		to:	
Title:				*Phone:			
*Company Name:				*Cell:		Fax:	
Company Group:				*Email:			
Address:				Petrel Version Used:			
City:		State:		Zip:		Referred By:	

Cancellation Policy

- Cancellations 15 days or more ~ Course fees will be refunded if cancellation is received, in writing, no less than 15 days prior to the first class day.
- Cancellations less than 15 days ~ Cancellations received less than 15 days prior to the first day will not be refunded and can be rescheduled 1 time.
- No-Show ~ No refunds will be given for no-shows.

By signing this registration form, you are confirming your registration for the above referenced course and your acceptance of the cancellation policy. **Payment** is due 14 days prior to the first day of your course.

*****Signature:** _____

***Select Form of Payment:** Credit Card Check

Credit Card Authorization Form			
I,			, hereby authorize SCM E&P Solutions, Inc. to charge my credit card account for the amount of:
\$			<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover
Credit Card Number:			Expiration Date: /
Credit Card Billing Info:	Street: _____		
City:		State:	
		Zip:	
<p>**If a bank outside the US issued the credit card you are providing SCM E&P Solutions, Inc., please provide a copy of the card front and back along with this form. Be sure to lighten copies before copying**</p> <p><small>Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize SCM E&P Solutions, Inc. to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide SCM E&P Solutions, Inc. with a new valid credit card upon request to be charged for the payment of any outstanding balances owed to SCM E&P Solutions, Inc.</small></p>			
***Signature:	_____	Printed Name:	_____
		Date:	_____