SCM E&P Solutions, Inc.
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Public Training Registration Form

Please complete/sign the form and fax back to (832) 494-3780. If you have any questions call Marilyn Walden at (713) 871-1800.

***SCM Public Course* Offerings in Petrel**

- Basics – 2 days *($1,500)*
- Seismic Interpretation – 2 days *($1,500)*
- Property Modeling – 3 days *($2,250)*
- Adv Structural Framework – 2 days *($1,500)*
- Multi-Point Facies Modeling – 1 day *($750)*
- Intermediate – 5 days *($3,750)*
- Modeling Workflow – 5 days *($3,750)*
- Process Manager – 1 day *($750)*
- Immersion – 15 days *($11,250)*

Public Course Name:	Date(s) of Class: Cost:
Your Name:	Referred by:
Company Name:	Phone:
Street Address:	Cell: Fax:
City: State : Zip :	Email:
	Select Form of Payment: ☐Credit Card ☐Check

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:** _____

Credit Card Authorization Form

I, _____, hereby authorize SCM Inc. to charge my credit card account for the amount of:

$_____ Credit Card Number: _____

☐VISA ☐MasterCard ☐American Express ☐Discover

Expiration Date: _____ /_____ VID/CVV Code: _____

Credit Card Billing Address: Street: _____

City: _____ State: _____Zip: _____Ph:_____

****If a bank outside the US issued the credit card you are providing SCM Inc., please provide a copy of the card front and back along with this form. Be sure to lighten copies before copying****

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 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, Inc. with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to SCM, Inc.

*****Signature:** **Printed Name:** **Date:**