2010 PAYMENT FORM

Must be submitted with registration form(s)

\$400 - M16 : M4 : AR-15[®] Armorer Course \$400 - M16 : M4 : AR-15[®] Advanced Armorer Course

\$495 - When taken separately (4 hour review) \$400 - 1911 Automatic COLT Pistol Course





Course(s) CIRCLE APPLICABLE		M16		ADV M16		1911 ACP	
Name of Attendee							
NAME (on card)							
Agency, Organizatio					PRIVATE CITIZEN		
ADDRESS (billing for card)							
CITY, STATE ZIP							
PHONE #				FAX#			
E-MAIL							
Check Number _							
CREDIT CARD:	Visa	MasterCa	rd	Disco	ver	American Expre	ss
*Cardholder NameExactly as it appears on the card.							
*Credit Card Number:							
*Expiration date:	/	(Month	/Year)	*CVV	:		
(CVV are the last 3 digits of	numbers pr	inted in the signature fie	ld on the r	reverse side of	the credit of	card)	
Return with Regist	PO Box	Specialized Armament PO Box 6310 Chandler, AZ 85246-6310					
Fax: 480-940-6323							

For further information or assistance please contact Specialized Armament at 480-940-7397

training@specializedarmament.com