



SCHOOL OF BUSINESS
ADMINISTRATION
Supply Chain Management Institute

SCM Alumni Council Summer Kick-off June 12, 2008 ~ Pampas Argentine Grill, 5-7pm

REGISTRATION INFORMATION

Please complete this form and fax or mail to the Supply Chain Management Institute using the contact details below.

Date: _____

First Name: _____ Last Name: _____

Number of Guests (including you): _____

Cost per person: \$20

PAYMENT INFORMATION

TOTAL PAYMENT DUE: \$ _____

Payment Options:

Check: Payable to USD – SCMI

Credit Card: You may call with your credit card information or complete this form and fax it to 619-260-7611.

_____ Visa _____ MC _____ AMEX _____ Discover _____

Cardholder Name: _____ Last four digits of card number: ____ _

Billing Address: _____

Billing Phone Number: _____

Cardholder Signature: _____ Date: _____

I authorize the University of San Diego to charge my credit card as detailed below, for the total amount due above.

Full Card Number: _____ Expiration Date (mm/yy) _____

Mail: Supply Chain Management Institute
University of San Diego
5998 Alcalá Park
San Diego, CA 92110-2492

Phone: (619) 260-7903
Fax: (619) 260-7611

This section of the payment form will be destroyed upon completion of payment transaction, regardless of transaction success or failure, or 7 days after receipt by department, whichever is first.

****Please DO NOT e-mail this completed form****