



CREDIT CARD AUTHORIZATION FORM

Date: _____

Registered Delegate's Name: _____

Registered Delegate's ID #: _____

Card Holder's Name: _____

Card Holder's Address: _____

Credit Card: **M/C** **VISA** **AMEX**

Credit Card Number:

**3 Digit Security Code
on Back of Card:**

Expiry Date:

Card Holder's Signature: _____

Amount: _____

NOTE: Please return the completed form together with a copy of the front and back of the credit card.