



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** _____

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.