



Supplemental Form: Credit Card Payment

Note: this form is required for credit card payment only, and should be mailed/faxed out with the corresponding registration form. This form applies to both paper authors and non-authors. You need to fill out all the fields on the form.

Name: _____

Credit Card Number: _____ **Expiration Date:** _____

Credit Card Type: ____ MasterCard ____ Visa

Amount to be charged: _____

Name of Cardholder: _____

Billing Address: _____

Signature of cardholder: _____

Date: _____