

CREDIT CARD AUTHORIZATION FORM

IASB · IASA · IASBO
Joint Annual Conference

Please complete the following information to make payment to IASB via credit card.

Company Information (All fields required)

Company Name (Full Legal Name) _____

Exhibiting Name (Directory Name) _____

Exhibit Booth Coordinator Name _____ Phone _____

IASB Service Associates: Please select your company from the list.

Billing Information

Company Name (Full Legal Name) _____

Billing Address _____

City _____ State _____ Zip _____

Invoice # (if applicable) _____ Booth(s) _____

Total Paid / Charge Amount \$ _____ (*same as below*)

Cardholder Signature _____

We understand all deposits are non-refundable and credit card payments are subject to all terms and conditions in the Exhibitor Contract including cancellations. **We also understand a non-refundable 3% processing fee will be applied to the final amount.**

In signing this form, it is understood that you have read and agree to the rules, regulations and stipulations listed in the contract for exhibit space.

Please send to: IASB, Attn: Exhibit Manager, 2921 Baker Drive, Springfield, Illinois 62703-5929; email to registrar@iasb.com; or fax to 217/241-2144.

Please complete the following information. This section will be shredded once the credit card has been approved and payment has been deposited. **A 3% credit card processing fee will be added to the total.**

Exhibit Space \$ _____ Card No. _____

Advertising \$ _____ Expiration Date (MM/YY) _____ CVC _____

BINGO \$ _____ Name on Credit Card _____

Housing Deposit(s) \$ _____ Billing Zip Code _____

(*non-refundable*)

Total Paid / Charge Amount .. \$ _____