

CREDIT CARD PAYMENT AUTHORIZATION

Amount _____ (US Dollars)

Name of Conference Attendee: _____

Purpose MEMS Course Registration Fee

Payment Information

	CARD TYPE	CARD VERIFICATION VALUE (Choose One)
	VISA	Value # located on card (3 or 4 digit #)
	MASTERCARD	Value is Unreadable
	AMERICAN EXPRESS	Value is Not Present

Name as it appears on Card (print) _____

Card Number _____

Expiration Date (mmyy) _____

Signature of Cardholder _____

Today's Date _____

Billing Information

First Name (print) _____

Last Name (print) _____

Business Name (if applicable) _____

Address (line 1) _____

Address (line 2) not required _____

City _____

State/Province _____

Zip Code _____

Country _____

Phone _____

Fax _____

Email (if none provided, notification of charge will be sent to contact person) _____

To be completed by Contact Person before being sent to Treasury to be processed:

Project / Task 50408/03.04.04

Contact Person / Organization Theresa Wise

Phone 844-1522

Email tawise@sandia.gov

Mail stop 1071

Additional instructions _____

Date 12/01/05