CREDIT CARD AUTHORIZATION FORM

Complete this form and fax it to: Lisa Girardi, Director of Exhibit Services, at 312.836.7339; **or scan and email PDF to:** *lgirardi@cds.org or npease@cds.org.*

NOTE: You must check at least one box to authorize Chicago Dental Society to charge your credit card. Failure to do so will delay your reservation for space, hanging signs or sponsorships at the Midwinter Meeting.

- ☐ I authorize CDS to charge the credit card listed below for **BOOTH/MEETING ROOM PAYMENT** to reserve booth/meeting room space on behalf of:
- ☐ I authorize CDS to charge the credit card listed below to reserve my **SPONSORSHIP** on behalf of:
- ☐ I authorize CDS to charge the credit card listed below for **HANGING SIGNS** on behalf of:
- ☐ I authorize CDS to charge the credit card listed below for **ADVERTISING** on behalf of:
- ☐ I authorize CDS to charge the credit card listed below for **OTHER** _____ **(specify)** on behalf of:

Company name: _____ Date: _____

Credit Card Type: Visa ○ Mastercard ○ American Express ○ Amount: $_____

Cardholder name: _____

Account number: _____

Expiration date: _____ Security code: _____

Billing address: _____

_____

_____

Cardholder signature: _____

Cardholder email: _____

Email: _____

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