

**One Time Credit Card Authorization Form**

<b>Registrant(s) Information</b>	Date:	
Name(s):		
Title:		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

<b>Payment Information</b>	Visa	Discover	MasterCard	(Circle One)
Card Holder's Name:				
Billing Address:				
City:	State:	Zip:		
Card Number:				
Expiration Month/Year:	/	Security Code:		
Total Amount to be Charged: \$25 per registrant			\$	
Authorized Signature:				

Please complete **all** fields and return to Andrea King via email at [adking@kaufcan.com](mailto:adking@kaufcan.com), fax to (888) 360.9092 or mail to Kaufman & Canoles, Attn: Andrea King at P.O. Box 3037, Norfolk, VA 23514.

A receipt will be emailed within 2 business days.

Call (757) 624.3232 with any questions.