



THE NATIONAL CONFERENCE CENTER™

INDIVIDUAL CREDIT CARD AUTHORIZATION FORM

CONFERENCE NAME: _____

CARDHOLDER'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

CONFERENCE DATES: _____

I AUTHORIZE THE FOLLOWING CREDIT CARD TO BE USED AS THE
FORM OF PAYMENT FOR _____

(guest name)

FOR THE ABOVE-MENTIONED PROGRAM.

CARD TYPE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

DOLLAR AMOUNT: _____

ADDITIONALLY, IN THE EVENT THAT THERE ARE MISCELLANEOUS
CHARGES, I HEREBY GIVE THE NATIONAL CONFERENCE CENTER
PERMISSION TO CHARGE THE ABOVE CREDIT CARD FOR AN
UNSPECIFIED AMOUNT, NOT TO EXCEED

\$ _____.

SIGNATURE OF CARDHOLDER: _____

DATE: _____

Return to fax #: 703-724-5641 or email to reservations@conferencecenter.com