







### Credit Card Authorization Form

Please fax this form to (001 USA) 301-585-1417, or mail it to IAMB Conference P.O. Box 8220, Silver Spring, MD 20907 USA

I authorize the amount of \$  USD to be charged on my credit card as payment to KeRon Group for  
– IAMB/APAMB Conference and/or Membership – in conjunction with registration to the conference.\*

VISA and Mastercard accepted only.

|                         |                   |                            |  |   |  |
|-------------------------|-------------------|----------------------------|--|---|--|
| Name on Credit Card     |                   | Contact Name (if business) |  | Telephone   | <br> |
| Address                 |                   |                            |  |   |  |
| City                    | State             | Zip Code                   | Country                                  |   |  |
| Credit Card Number      |                   |                            |  | Credit Card Type  |  |
| Expiration Date (MM-YY) | Verification Code |                            |  | <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard |  |
|                         |                   |                            | (Last 3 number on the back of your card) |   |  |

\* I agree to pay such amount as noted above. I also agree that registration fees and other fees may be partially refundable or non-refundable regardless of attendance to the conference.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature