





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 GilRon 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	 
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