



CREDIT CARD AUTHORIZATION FORM

Name on Card _____

Credit Card Number _____ Exp. Date MM / YY CSV _____

Billing Address _____ City/State/Zip _____

Contact Phone Number _____ Email Address _____

Registration Total: _____

A La Carte Total: _____

Sub Total: _____

4% Processing Fee: _____

TOTAL: _____

I hereby agree to have my card charged the total amount as listed above including the 4% processing fee.

Card Type: _____ Cardholder Signature _____