



CREDIT CARD AUTHORIZATION

I, _____, authorize Eventful Conferences to charge the stated amount on my credit card as outlined below and enclose my signature for this authorization.

Credit Card Type	
Credit Card Number	
Expiry Date	
Security Code	
Amount	
Signature	
Date	
For	
Email Address	

Eventful Conferences 318 S Clinton Street, Suite 300, Syracuse, NY 13202

T +1 914 321 7654 M +1 347 401 3516 W eventfulconferences.com

