

## Credit Card Payment Form

PLEASE COMPLETE ONLINE REGISTRATION FORM BEFORE FAXING THIS PAYMENT FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Please Indicate One:  American Express  Discover  MasterCard  Visa

Credit Card #: \_\_\_\_\_

3- or 4- Digit  
Security Code: \_\_\_\_\_

Expires: \_\_\_\_ / \_\_\_\_  
(MM/YY)

Invoice Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Please Indicate  
Currency: \_\_\_\_\_

Signature: \_\_\_\_\_

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Please Fax Form Back To:  
Annie Gregson, Conference Manager, 516-338-0100  
Any Questions, please contact Annie at 212-579-4469