



# ACT '07

Annual conference & Training

October 1-3, 2007 Kansas City, MO

## Credit Card Authorization Form

Please provide the information below to allow us to process your credit card payment for the 2007 gbaMS ACT.

Registrant(s) or Sponsor(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount (US\$) \_\_\_\_\_

Organization \_\_\_\_\_

Card Billing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name on Card \_\_\_\_\_

Card Type            Visa \_\_\_\_\_            MasterCard \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**Thank you!**

**Please fax this form to 913-341-3128 c/o Jennifer Cairns.**