ARKANSAS 50TH ANNUAL CONVENTION

Credit Card Authorization Form

Name of Attendee(s) Registered:

_____

_____

_____

_____

_____

Total Number of Attendees Registered:_____

☐Member Registration-Banquet not included $150 x _____=$_____
☐Member Registration-Banquet included $200 x _____=$_____

☐Non Member Registration-Banquet not included $225 x _____=$_____
☐Non Member Registration-Banquet included $275 x _____=$_____

☐Guest Registration-Banquet not included $0   x _____=$_____
☐Guest Registration-Banquet included $50   x _____=$_____

Amount to Charge: $_____

Name on Card:_____

Billing Address: _____

Card Type: _____VISA   _____MASTERCARD   _____AMEX

Card# _____

Expiration Date:_____ CVV:_____

Email Address for receipt: _____

Completed forms can be emailed to info@arkchiefs.org