



Credit Card Authorization Form

CARD HOLDER INFORMATION			
Company Name (if applicable):			
Name on Card:			
Card Holder Billing Address:			
City:	State:	Zip:	
Phone:	Email Address:		

PAYMENT AUTHORIZATION	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Other _____	
Card Number: _____ Exp. Date: ____/____	
Total # of Registrations (Adult & Youth) = _____ x \$450.00 = \$ _____	
Total # Special Rate (Adult Partners) = _____ x \$ _____ = \$ _____	
I wish to authorize a one-time payment for the above amount for registrations to attend the Say What! Texas Tobacco-Free Conference on July 23-26, 2017 in Montgomery, TX.	
Lead Adult Sponsor (If Not Card Holder):	
Group Name:	

PRINT, SIGN & DATE BEFORE SUBMITTING		
_____	_____	_____
Print Name	Signature	Date

SUBMIT THIS FORM VIA:

FAX:
512.245.1465

MAIL:
Texas School Safety Center
Texas State University
415 N. Guadalupe #164
San Marcos, TX 78666
Attn: 2016 Say What! Conference - CONFIDENTIAL