

**17th Annual Pain Medicine Meeting**

November 15-17, 2018 / JW Marriott / San Antonio, Texas

**CREDIT CARD AUTHORIZATION FORM**

In order to charge your credit card and in accordance with the security measures taken by credit card companies, please fill in the following form and return.

Please send this sheet by fax or email scan to the attention of:

Heidi Perret

ASRA Marketing Coordinator

Fax: 856-589-7463

Email: heidi.perret@ajj.com

**Authorization for Credit Card Charges**

Name of company:

We authorize ASRA to make the charge of: (US currency only) $

For the following services:

For meeting:

Credit card details to be charged:

[ ]  AMEX [ ]  VISA [ ]  MC

Number:

Expiration date:  /   Security Code

Name of card holder:

Address: (as per credit card records):

City:       State:    Zip Code:

Country:

Telephone number:    -   -

Email Address for receipt:

Signature of card holder:       Date:   /  /