

Credit Card Payment Authorization Form

Complete and Fax to (631) 543-0344

Cutting Through **The Red Tape**: Building Long Island Today

Tuesday, September 22, 2009

Milleridge Cottage, Jericho, N.Y.

Registration 7:45 a.m. • Program 8:30 a.m. • \$95* per person

**No Refunds*

Name _____ Title _____

Firm/Organization _____ Department _____

Party Responsible for Payment _____

Name as it appears on credit card _____

Billing Street Address _____

Billing City _____

State _____ Zip _____ Phone _____ Fax _____

Email _____

Card type (circle one): AmEx / MC / Visa Card Number: _____

CC Security No.: _____ Expiration Date: _____ Cardholder Signature _____

Number of Tickets: _____ Amount to be paid with credit card: \$ _____

By signing this form, I hereby authorize DKH Communications to charge my credit card for the above amount. I understand that all info on this form will be kept strictly confidential.

Attendee name

Attendee Firm

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