AISES 25th Anniversary Celebration and Region 6 Conference
April 8-9, 2005

CHARGE CARD AUTHORIZATION FORM

USE YOUR MASTERCARD, VISA OR DISCOVER CARD FOR YOUR FEE: Simply indicate the Registration Fee you wish to cover with your credit card, fill out the appropriate spaces, sign the form, and send to the address or fax number provided at the bottom. Use one form for each registrant you are charging to your card.

Registrant's Name (print legibly)

_____ **Date** _____

(Person To Whom This Charge Should Be Credited)

Check mark which registration fee is being charged to the credit card and write the amount to be charged in the space provided.

Check one	**AISES Member**	**Non-Member**	**Amount**
__ Registration postmarked on or before 2/18/05	$30	$50	$_____
__ Registration postmarked between 2/19/05 - 3/23/05	$40	$65	$_____
__ Registration after 3/23/05 or On-Site	$50	$80	$_____

TOTAL CHARGE AUTHORIZED $ _____

Type of card being used (check one) __ MasterCard __ Visa __ Discover

Print the name shown on the credit card **Signature of the cardholder**

_____ _____

Print Your Credit Card Number _____

Card Expiration Date _____ / _____
Month Year

Return this form according to the Registration deadline dates.

Mail to: AISES Conference, PO Box 5512, Clarkson University, Potsdam, NY 13699-5512
or
Fax to: 315-268-2306

FOR AISES CONFERENCE USE ONLY

Amount to be charged _____ **Account to be credited** _____