



NCRC 2008 CREDIT CARD AUTHORIZATION FORM

CARDHOLDER'S NAME

COMPANY

ADDRESS

ADDRESS

CITY /PROV.

POSTAL CODE

PHONE

FAX

EMAIL

This payment accounts for the 2008 NCRC registration fees of the following delegate(s):
 (Please complete a separate conference registration form for every delegate from your station/organization attending the NCRC)

I hereby authorize CJAM FM to charge my:

VISA
 MASTERCARD
 CARD NUMBER

In the amount of \$
 EXPIRY
 DATE

Please provide a copy of the back and front sides of the credit card with the card holder's signature to verify the information supplied and to validate authorization of the credit card!

This form can be filled out and printed or printed and filled out by hand.



CARDHOLDER'S SIGNATURE _____

Cardholders' signature authorizes CJAM FM to charge the card provided for the amount specified above.

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