

National HBPA, Inc.

2010 Summer Convention Credit Card Authorization Form

Representing Affiliate or Group: _____

I hereby authorize the National HBPA to charge \$_____ to my credit card for registration fees pertaining to **the NHBPA Summer Convention in Minneapolis, MN.**

To insure registrants are included, please include a copy of the registration form when faxing this authorization form to our office.

Please Print or Type the Following Information - Include All Information

Credit Card Type: American Express
 Master Card
 Visa

Account Number: _____

Expiration Date: _____

Card Holder Name: _____

Complete Billing Address:

Signature of Cardholder: _____

Date: _____

Please return via facsimile to 859-259-0452