# NEW HORIZONS TRADE SHOW
PAYMENT REMITTANCE FORM

**Company**_____
**Contact**_____
**Address**_____
**City**_____**State**_____**Zip Code**_____
**Telephone**_____**Cell**_____**E-mail**_____

## Payment and Fees

**Trade Show** **$**_____

**Total Payment Enclosed** **$**_____

## Payment Preference

**Check Enclosed** **$**_____
**Credit Card Charge** **$**_____
- ❑ **Visa**
- ❑ **MasterCard**
- ❑ **American Express**

**Credit Card Number**_____**Exp. Date**_____
**Security Code on Card**_____
**Name of Card Holder**_____
**Signature of Card Holder**_____
**Credit Card Billing Address**_____
(***If different from above address***)_____
**E-mail Address to Send Credit Card Receipt**_____

## Make Checks Payable To:

**School Nutrition Association of North Carolina or SNA-NC**

**Please Complete and Return To:**

**Dawn Ferguson Roth**
**New Horizons Trade Show**
**2318 N. Elm Street**
**Greensboro, NC 27408**
**E-mail: jbdfroth@aol.com**