

PAYMENT INFORMATION

SNA of SC~~~~~EIN: 57-0689852
EMAIL TO: snasc@bellsouth.net

AUTHORIZATION TO MAKE CREDIT CARD CHARGE
All transactions will be handled with the utmost confidence.
Please do not fax this info unless you have confirmed that I am able to retrieve this document immediately.

This information is NOT saved for future transactions.

Complete ALL information. Please PRINT/TYPE except for signature. Thank you.

Charge to: <input type="checkbox"/> AmExpress <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		
Credit Card Number:		
Expiration Date:	Amount to Charge: \$	
Purpose (Event): ANNUAL CONFERENCE 2023		
Name on Credit Card:		
District:		
Billing Address:		
City:	State:	Zip:
Telephone:		
Email Address: <i>(Receipt will be sent to this email address.)</i>		
Signature:		Date:
SNA of SC use only: Processed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Initials:

Email to: snasc@bellsouth.net

Mail to: SNA of SC, PO Box 1795, Columbia, SC 29202

Or
Check Enclosed ~~~~~Check Number _____ Amount \$ _____

Notes or other information:

Signature _____ Date _____