

2024 Joint Service ATC Symposium

May 13 - 16, 2024

Myrtle Beach, SC

Credit Card Authorization Form

Upon ATCA's receipt of this Credit Card Authorization Form, your card will be charged the specified amount.

Payment Options: AMEX MASTERCARD VISA

Name of Organization: _____

PRINT Name as it appears on card: _____

Credit Card #: _____

Expiration Date: Month: _____ Year: _____

CVV Security Code: _____

Billing Address of card: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Telephone #: _____

Email address (payment receipt will be sent to this address):

Subtotal: \$ _____ 2.9% Credit Card Processing Fee: \$ _____

TOTAL Amount to be charged: \$ _____

Purpose of charge: _____

Authorized Signature: _____