

Credit Card Payment Authorization

**Orthopedic Surgery Controversies 2012
Silverado Resort - Napa, CA
September 19-21, 2012**

Company Name:

Company Address:

Contact Name:

Credit Card Information:

Type of Credit Card: VISA Mastercard American Express

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card

Signature Authorizing Purchase: _____

Printed Name of Signor:

TOTAL AMOUNT AUTHORIZED:

\$ _____

Please return registration forms and credit card payment info to:

Paige Ballus

Orthopedic Surgery Controversies 2012

Course Coordinator

336-287-9895 phone

336-766-0318 fax

pballus@triad.rr.com