

**Connecticut ENT Annual Education Program
November 14, 2013
Exhibitor Payment Form**

PO BOX 1079, LITCHFIELD, CT 06759

This portion can be faxed back to (860) 567-3591 or scanned and emailed to debbieosborn36@yahoo.com

___ Visa ___ Mastercard ___ American Express

____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____
(16 digit card number)

____/____/____
(Expiration date)

____/____/____
*3 digit # that appears on the back of the card

____/____/____/____/____
• 4 digit American Express Security Code

____/____/____/____/____
Billing zipcode

Please print the name and address of company being paid for:

Attendees Names _____.

\$_____ Total amount charged ___ Yes I need electrical please bill the same card for outlet

(Card holders name) (Card holders signature)

(Card holders address) (Company name)

* _____
*(City - State - Zip) _____ _____ Email address

Please fill out completely! Please note that the merchant account that this charge will appear billed from will be the CSEP

**These numbers are needed to run payment through with a merchant discount*