

Credit Card Authorization Form

Event Name: NBER RESEARCH AND INNOVATION IN AGRICULTURE MEETING
Event Date: 5.17.19
Event Number:
Salesperson: Christopher Ford

I hereby agree that all specified charges incurred from the above event will be charged to my credit card as shown below.

- Deposit/Reservation Fee
- Food & Beverage Charges
- Broadcasting/Audio Visual Equipment/Telephone Lines & Related Charges
- Room Rental
- All Charges Incurred from Event Above

Type of Card: AMEX Expiration Date: 9-23

Credit Card Number: 3782 628678 84033

Card Security Code: 9625

Name on Card: ROBERT SHANNON

Billing Address: 1050 MASS AVE, CAMBRIDGE, MA
02138

Signature: [Signature] Daytime Phone: 6175880384

Printed Name: ROB SHANNON Date: 5/18

For Office Use Only:

Date:							
Amount:							

Please return with a clear copy of front and back of card.

Client Initial: RS

Sales Manager Initial: _____

