



SPECTRUM Conference Credit Card Authorization Form

Thank you for registering for the 2019 SPECTRUM Conference! To complete your registration, please fill out the following information and email directly to adam.wolkoff@suny.edu.

In submitting this form, you affirm that this payment will be made on **July 1, 2019**, in your institution's new fiscal year. Once we receive the form, it will be securely locked away and escrowed until July 1, 2019, when the payments will be charged to the credit card account submitted. After the payment is made, the data will be destroyed. Alternatively, you may call (518) 320-1885 if you prefer to provide this information by telephone.

Please note that we incur significant expenses when we receive a registration, and therefore we cannot cancel a registration less than thirty (30) days before the Conference for which you have registered.

Attendee Name(s): _____

Amount (including registration and any pre-paid parking) \$ _____

Method of Payment: Mastercard Visa AMEX

Cardholder Name: _____

Cardholder Address: _____

Card Number: _____

Expiration Date _____

Cardholder Signature: _____

Phone: _____ Email: _____