



The Southwest Florida Marine Industries Association

CREDIT CARD AUTHORIZATION

EXHIBITING COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

VISA MASTERCARD AMERICAN EXPRESS

NAME AS IT APPEARS ON CARD: _____

ACCOUNT NUMBER: _____ EXPIRATION DATE: _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE 3 or 4 Digit Security Number: _____

ADDRESS: _____

CITY, STATE ZIP _____

CHARGE MY CREDIT CARD AS FOLLOWS:

MEMBERSHIP: _____ \$ _____
10 or Fewer Employees - \$175.00
Over 10 Employees - \$275.00

OTHER (_____): \$ _____

SIGNATURE: _____

DATE: _____

RETURN TO ***Good Event Management***
P.O Box 50025 Lighthouse Point, FL 33074
954/570-7785 Fax: 954/570-7786
E-Mail: goodshows@bellsouth.net