
CREDIT CARD AUTHORIZATION

EXHIBITING COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ E-MAIL _____

VISA MASTERCARD

Sorry, We No Longer
Accept American Express

NAME AS IT APPEARS ON CARD: _____

ACCOUNT NUMBER: _____ EXPIRATION DATE: _____

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

ADDRESS: _____

CITY, STATE ZIP _____

Ft. Myers (Nov.) ____ **Bonita Springs (March)** ____ **Charlotte (Jan.)** ____

Membership ____ **Scholarship** ____

Other (Describe): _____

CHARGE MY CREDIT CARD AS FOLLOWS:

EXHIBIT SPACE: \$ _____

EXHIBITOR GUEST TICKETS: \$ _____

INSURANCE: \$ _____

MEMBERSHIP DUES \$ _____

SCHOLARSHIP DONATION \$ _____

OTHER (_____): \$ _____

SIGNATURE: _____

DATE: _____

RETURN TO *Good Event Management*

P.O Box 50025 Lighthouse Point, FL 33074
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E-Mail: info@swfmia.com