



NATIONAL INDIAN COUNCIL ON AGING, INC.
2010 BIENNIAL CONFERENCE
AGING IN INDIAN COUNTRY:
EMBRACING THE PAST AND FACING THE FUTURE
GRAND TRAVERSE RESORT & SPA, ACME, MICHIGAN
SEPTEMBER 25 – 28, 2010

CREDIT CARD CONFERENCE REGISTRATION/MEMBERSHIP
AUTHORIZATION FORM

AUTHORIZATION

Please charge my credit card in the amount of \$_____ for registration to the 2010 National Indian Council on Aging, Inc., 2010 Biennial Conference.

Name of registration attendee: _____
(Tribal organizations, please attach list of names)

CARDHOLDER INFORMATION

Your name (as it appears on your credit card): _____

Type of credit card: Visa Mastercard **We do not accept American Express.**

Credit Card#: _____ - _____ - _____ - _____

Security/CVC Code*: _____ Expiration Date (mm/yy): ____ / ____

*In the signature box on the back of the card, you should see either the entire 16-digit credit card number or just the last four digits followed by a 3-digit code. This 3-digit code is your Card Security Code.

BILLING ADDRESS

(SAME ADDRESS AS ISSUED ON THE CREDIT CARD)

Street Address: _____ Suite/Apt#: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Cardholder's Signature: _____ Date: _____

Fax, mail, or PDF this form to:

Fax (505) 292-1922
Phone (505) 292-2001
Email: rbluehouse@nicoa.org

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