

The Clarion Group, Inc.

CREDIT CARD CHARGE AUTHORIZATION FORM – REGISTRATION

Please complete this form and return to Karyn Calaway
FAX 800-560-1980

Amount to be charged:		\$
Registrant Name:		
Name of Event:		
Date(s) of Event:		
Confirmation Number:		
Credit Card Type		
Credit Card Number		
Expiration Date		
Name on Card:		
Billing Street Address:		
City/State/Zip:		
Email (for confirmation purposes):		

Thank you for your payment.

Your payment will be processed and you will receive a receipt/confirmation showing your payment within 5 days of processing. If paying by check, please send payment to:

The Clarion Group, Inc.
PO Box 537
Berea, OH 44017
Phone: 800-560-1980