

CREDIT CARD ORDER FORM

26th Annual New York State EMS Conference
October 15-18, 2009 • Rochester, NY
Visit us at vitalsignsconference.com



- No registrations will be accepted over the phone.
- Health Research, Inc. will appear as the transaction on your credit card statement.

Please PRINT clearly.

Name That Appears On Card _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Zip/Postal Code _____

Day Phone (_____) _____ Evening Phone (_____) _____

Name of Individual Placing Order _____

I authorize Health Research, Inc. to charge my credit card for the services as described.

Signature of Cardholder **X** _____

Credit Card Type: Visa MasterCard Please note that all credit cards must be valid through the dates of the event.

Credit Card Number _____ - _____ - _____ - _____ Expiration Date _____ / _____

Amount Charged _____

FOR HRI USE ONLY

Transaction Processed (Circle one): Approved Declined

Amount Charged \$ _____ Settlement Date _____