

# CREDIT CARD ORDER FORM

**27th Annual New York State EMS Conference**  
**August 26-29, 2010 • Sheraton New York Hotel & Towers • New York, NY**  
Visit us at [vitalsignsconference.com](http://vitalsignsconference.com)



- No registrations will be accepted over the phone.
- Health Research, Inc. will appear as the transaction on your credit card statement.
- Credit cards will NOT be accepted at on-site registration.

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 \_\_\_\_\_