



## Credit Card Order Form

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

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 \_\_\_\_\_

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