



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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