

March 23-25, 2010 Las Vegas Convention Center Las Vegas, NV, USA

CREDIT CARD CHARGE FORM

Use this form to submit payment for any fee due to CTIA.

Visa MasterCard American Express Discover

Credit Card Number _____

Expiration Date _____

Amount Of Charge _____

Payment Description _____

Name that appears on Card _____

Cardholder Signature _____

I hereby certify that I am the cardholder and authorize CTIA to charge my card in the amount referenced above. (Payment will not be processed without signature)

Company Name _____

Company Address _____

Company Telephone _____

Credit Card Billing Address: Check here if same as above

Billing Address _____

Incomplete Forms Will Result in Non- Processing Of Payment

Please return this form via fax to 202-736-3686.

For internal use only

Budget Code: _____

Description: _____

