



## CREDIT CARD AUTHORIZATION FORM

Thank you for your participation in **Digestive Disease Week (DDW)**! In order for us to approve authorization for your credit card charge, please complete this form. Once completed, please fax to **301-654-3978** or mail to address below.

Exhibitor Name: \_\_\_\_\_

Booth #: \_\_\_\_\_

Amount To Be Paid: \_\_\_\_\_

Payment For: \_\_\_\_\_

**\*ALL** Credit Card Payments will include a 4% service charge

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number:	_____
Expiration Date:	_____
Name as it appears on card:	_____
Signature of Cardholder:	_____

Fax form to: Chris Adams  
 Exhibit Sales Manager  
 301-272-0022x603  
 Fax: 301-654-3978  
[cadams@gastro.org](mailto:cadams@gastro.org)  
[www.ddw.org](http://www.ddw.org)

Mail to: DDW Administration  
 4930 Del Ray Avenue  
 Bethesda, MD 20814