



## PAYMENT AUTHORIZATION FORM

### PARTICIPANT INFORMATION

Attendee Name \_\_\_\_\_

Confirmation Number \_\_\_\_\_

Organization \_\_\_\_\_

E-mail address to Send Receipt \_\_\_\_\_

Phone \_\_\_\_\_

### REFUND/CANCELLATION POLICY

Refunds are limited to conference fees paid, and do not include any travel, lodging, transportation, or other fees paid independently of conference registration. No-shows and on-site purchases are non-refundable.

All refund requests must be submitted in writing, to [informaticsregistration@naccho.org](mailto:informaticsregistration@naccho.org). All refunds will be remitted by the same method of payment used to register. To qualify for a full refund of registration fees paid less a \$75 administrative fee, a written cancellation must be received by the NACCHO Public Health Informatics Registration Manager no later than 11:59 PM PST on July 27, 2018. Cancellations received between July 28, 2018 and August 13, 2018, will receive a 50% refund less a \$75 administrative fee. No refunds will be given beginning 12:00 AM PST on August 14, 2018.

Substitutions are permitted at any time and must be submitted in writing to [informaticsregistration@naccho.org](mailto:informaticsregistration@naccho.org). Please include the original attendee's name and the substitute's full contact information.

### RETURN COMPLETED FORM TO:

**FAX:** 202-280-1043

### QUESTIONS?

**Registration:**

202-507-4245

**Email:**

[informaticsregistration@naccho.org](mailto:informaticsregistration@naccho.org)

### PAYMENT

Please charge: \$ \_\_\_\_\_ to my: (select below)

Visa

MasterCard

American Express

Discover

Last Four Digits of Card # \_\_\_\_\_

Name Appearing on Card \_\_\_\_\_

Billing Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

*CVV is the three digits listed in the signature bar on the back of the Visa, MasterCard, and Discover cards. For American Express cardholders, this reflects the four-digit code listed on the front of the card. This information is required for processing.*

Authorized Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_