

# PAYMENT AUTHORIZATION FORM



**Georgia World Congress Center  
Georgia Dome**

285 Andrew Young International Blvd.  
Atlanta, GA 30313  
Engineering Department  
Telephone: (404) 223-4800 Fax: (404) 223-4813

**CLINICAL LAB MGMT ASSOC**

DISCOUNT PRICING AVAILABLE UNTIL **APR 9, 2012**

STANDARD RATES WILL APPLY AFTER THIS DATE

Please complete the information requested below and return this form with your orders. You may choose to pay by check (made credit card, payable to Georgia World Congress Center) or bank wire transfer. We require your credit card authorization to be on file before we process your order(s) for service. We reserve the right to use this authorization to charge your credit card account for any unpaid balance due or for any additional amounts incurred as a result of show site orders placed by your representative.

## WIRE TRANSFER

In order to accurately process the transfer of funds from your account, please complete the following information and fax it along with a copy of the wire receipt to the fax number printed on the header of this page.

**NOTE: A service charge may be added for processing U. S./International wire transfers by your banking institution**

The following information must be included on the bank copy of the wire transfer confirmation:

✓ Name of Event You Are Attending

✓ Exhibiting Company Name

✓ Booth Number

✓ **Banking Institution Information:**

**Bank Name:** Wachovia Bank  
**Address:** 191 Peachtree Street  
Atlanta, GA 30303

**Please call for the following information:**

**Routing #** Account #  
**Account Type** Swift Code

## CREDIT CARD INFORMATION

Type of Card:  AmEx  M/C  VISA  Discover Card  Diners Club

Credit Card #:

Expiration Date:

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

City, ST, Zip: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

## EXHIBITING COMPANY INFORMATION

Please complete the following information:

COMPANY NAME: \_\_\_\_\_ BOOTH #: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_-

CITY/STATE/ZIP \_\_\_\_\_ FAX: ( ) \_\_\_\_\_-

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_