

UCEA

Credit Card Authorization Form

Registration Information

Registrant Name _____

Affiliation _____ Position _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

UCEA Faculty - \$100

Banquet - \$40

Non- UCEA Faculty - \$115

Contribution

Practicing Administrator - \$115

Other: _____

Graduate Student - \$55

Total Due \$ _____

Credit Card Information

Name on Card _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Card No. _____ Exp. Date _____

Signature X _____