

CREDIT CARD AUTHORIZATION FORM

Instructions: <ol style="list-style-type: none">1. Print and complete form.2. Sign where indicated.3. Submit by mail or fax <u>with a copy of your Group Reservation Request Form.</u>	Submit to: <p>Group Reservations Marian Koshland Science Museum National Academies - 500 Fifth Street, NW Washington, DC 20001 Fax: 202-334-1548</p>
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Cardholder Name: _____

Email Address: _____

Daytime Telephone: _____

I authorize a charge against my credit card in the following amount: \$_____

Credit Card (choose one) MasterCard Visa

Card Number: _____

Expiration Date: _____

Billing Address (where credit card statements are sent)

Cardholder Signature

Date