

National Extension Association of Family & Consumer Sciences

Payment Authorization Form

Please use this form to send a check for your conference registration, or if you would like to pay by more than one method. Please submit this form along with your registration confirmation to:

> NEAFCS 325 John Knox Rd. Suite L103 Tallahassee, FL 32303

Registrant's	Name:		
E-mail:			Daytime Phone:
Payment Mo	ethod:		
			Amount:
Check (payable to NEAFCS)			Amount:
Credit Card			Amount:
🗆 Visa	☐ MasterCard	American Express	
			Total Amount:
I authorize N Session.			ount(s) referenced above for the 2019 Annual
Credit Card	Number:		
Expiration Date:		Sec. Code:	
Billing Addre	ess:		
			Zip Code:
E-mail of the	e person on the credit	card:	
Signature o	f the Person on the (Credit Card:	
			Date:

We will not process this payment without the signature of the person named on the credit card.