

2009 State Capital Group Northeast Regional Meeting – Credit Card Authorization Form
Halifax, Nova Scotia, Canada
August 6-8, 2009

CONTACT NAME:

EMAIL ADDRESS:

FIRM:

JURISDICTION (Location):

TOTAL DUE (Cdn.):

CARD TYPE: VISA MASTERCARD

CARD #:

EXPIRATION DATE:

NAME ON CARD:

Please fax to Wickwire Holm attention: Kelly Squires at (902) 429-8215 or email to ksquires@wickwireholm.com.
For more information or questions call (902) 429-4111 (ext. 355) and ask for Kelly.

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