



2009 INTERNATIONAL MEETING
June 18-19, 2009 ~ Prague, Czech Republic

CREDIT CARD AUTHORIZATION FORM

CONTACT NAME: _____

EMAIL ADDRESS: _____

FIRM: _____

JURISDICTION (location): _____

TOTAL DUE (USD): _____

CARD TYPE: VISA MASTERCARD

CARD #: _____

EXPIRATION DATE: _____

NAME ON CARD: _____

Please fax to State Capital Group's headquarters at (202) 659-6641 or email to meetings@statecapitalgroup.org. For more information or questions call (202) 659-6601.

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