

**EXHIBITOR REGISTRATION
CREDIT CARD AUTHORIZATION FORM**

Date _____

Credit Card: VISA M/C

Credit Card Number:

Expiry Date:

Cardholder's name: _____

Cardholder's Address: _____

Phone Number: _____

Signature: _____

Company Name: _____

Amount: _____

*****PLEASE NOTE*****

For security reasons, we require a photocopy of the front and back of the credit card. Please submit this completed form and the photocopy (front and back of the credit card) by email to info@thinkinternational.ca or by fax to 604-681-1049.