



2019 William F Slagle Dental Meeting

CREDIT CARD AUTHORIZATION

I hereby certify that the credit card number below is my credit card and my signature below authorizes the University of Tennessee William F Slagle Dental Meeting to charge booth fees for Exhibitors collected by the UT William F Slagle Dental Meeting to the credit card account specified for:

Exhibitor _____
(Please Print)

Amount _____
Discover ()
Master Card ()
Visa ()

Please indicate one of the above credit card types.

Credit Card Account Number CV# Expiration Date

Signature of Card Holder Date

Printed Name of Card Holder

Address – Please print

After completion of the above information, please return the form by mail or fax to:

University of Tennessee Fax number: 901-448-7104
c/o Blake Dingman, Exhibitor Committee
875 Union Ave, Room C211
Memphis, TN 38163

The form must be completed in full before any transaction can be executed.