

Credit Card Registration Transaction Form
Societas Liturgica 2009 Congress

Name on Card _____

Card Billing Address

Line 1 _____

Line 2 _____

City _____ State/Province _____

Postal/Zip Code _____ Country _____

Phone _____ Fax _____

Email _____

Signature _____

(Check one) Visa Master Card

Credit Card # _____ Security # _____

Expiration Date _____

Payment amount in **\$US** _____

Surcharge: _____ **12.00**

Total _____

Fax or mail this completed form to 1-502-569-8465
Alan Barthel
Presbyterian Association of Musicians
100 Witherspoon Street
Louisville, KY 40202-1396

Note: Your credit card statement will read:
Presbyterian Association of Musicians

