

# PAYMENT AUTHORIZATION FORM



**Georgia World Congress Center  
Georgia Dome**

285 Andrew Young International Blvd.  
Atlanta, GA 30313

Engineering Department  
Telephone: (404) 223-4800 Fax: (404) 223-4813



**GA Chapter of American Diabetes**

**Assoc. 2010**

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**February 27, 2010**

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## WIRE TRANSFER

In order to accurately process the transfer of funds from your account, please complete the following information and fax it along with a copy of the wire receipt to the fax number printed on the header of this page.

**NOTE: A service charge may be added for processing U. S./International wire transfers by your banking institution**

**The following information must be included on the bank copy of the wire transfer confirmation:**

**Name of Event You Are Attending**

**Exhibiting Company Name**

**Booth Number**

**Banking Institution Information:**

**Bank Name:** Wachovia Bank  
**Address:** 191 Peachtree Street  
Atlanta, GA 30303

**Please call for the following information:**

Routing #                      Account #  
Account Type                 Swift Code

## CREDIT CARD INFORMATION

Type of Card:             AmEx             M/C             VISA             Discover Card             Diners Club

Credit Card #:

Expiration Date:

Billing Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## EXHIBITING COMPANY INFORMATION

Please complete the following information:

COMPANY NAME: \_\_\_\_\_ BOOTH #: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_ - \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ - \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_