UMassAmherst Residence Hall Credit Card Authorization Form

Program Name:	Hierarchical Linear Models: Int	troduction
Program Dates:	June 18—22, 2018	
Lodging Type:	North Apartments	
Return by:	June 11, 2018	
Participant Name:		
l,		, authorize UMass Conference Services to charge my
	Card holder name	
		, with expiration
Card type (Visa, MasterCard, Discover, AmEx)		Card number
date	, in the event of any re	sidence hall damages, unreturned room key(s) and/or unre-
Expiration	date	
turned access card(s). I understand that \$50.00 will be	charged for each lost/damaged key and \$20.00 will be charged
for each lost/damag	ed access card. The billing address	for this card is
		Street number, street name, city, state, zip
	ber, street name, city, state, zip	
of the card for Amer	ican Express) is:	
	CVV	
		Signature of Card Holder
		Print Name
		Date
		Phone Number
This form may h	be returned by fax or mail, or vou ca	an call the UMass Registration Office to complete it by phone.
		In this form by email.
	<i>Phone</i> : 413-577-8102	<i>Fax</i> : 413-577-8130
<i>Mail</i> : Co	onference Services CS 18460, 810 Can	npus Center, 1 Campus Center Way, Amherst MA 01003)
Note: the card	holder will be contacted if the participa	nt incurs any additional charges prior to this card being processed