

Name of Event: SPR International Annual Meeting 2020

Date of Event:June 17 - 20, 2020Lodging Type:North ApartmentsReturn by:June 10, 2020

Participant Name:	
I,(Cardholder name)	, authorize UMass Conference Services to charge
(Cardiorder hame)	
my ca (Visa/Mastercard/Amex/Discover)	ord,, with
	_, in the event of any residence hall damages, unreturned
room key(s) and/or unreturned acces	es card(s). I understand that \$60.00 will be charged for each
lost/damaged key and \$20.00 will be	e charged for each lost/damaged access card. The billing
address for this card is	(street address, city, state, zip)
	(street address, city, state, zip)
The 3-digit security code on the back	k of the card (or on the front of the card for American
Express) is:	
	Signature of Card Holder
	Print Name
	Date

This form may be returned by fax or mail, or you can call the UMass Registration Office to complete it by phone.

Do not return this form by email.