

UMassAmherst

Residence Hall Credit Card Authorization Form

Program Name: Group-Based Trajectory Modeling for the Medical and Social Sciences
Program Dates: June 4—6, 2018
Lodging Type: North Apartments
Return by: May 28, 2018

Participant Name:

I, , authorize UMass Conference Services to charge my
Card holder name

..... card, , with expiration
Card type (Visa, MasterCard, Discover, AmEx) *Card number*

date , in the event of any residence 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/damaged access card. The billing address for this card is
Street number, street name, city, state, zip

..... . The 3-digit security on the back of the card (or on the front
Street number, street name, city, state, zip

of the card for American Express) is:
CVV

.....
Signature of Card Holder

.....
Print Name

.....
Date

.....
Phone Number

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.

Phone: 413-577-8102

Fax: 413-577-8130

Mail: Conference Services CS 18459, 810 Campus Center, 1 Campus Center Way, Amherst MA 01003)

Note: the cardholder will be contacted if the participant incurs any additional charges prior to this card being processed