

## CREDIT CARD AUTHORIZATION LETTER

I hereby authorize The Internati	onal Association of Black Actuaries to place charges in the	amount of
□ \$300.00 US (if received be \$400.00 US (if received be	•	
for the Career Networking Even	t to be held on Friday, August 3, 2012, on the credit card li	sted below:
Credit Card Number:		
Exp. Date:		
Name as it appears on Card:		
Cardholder Signature:		
Date:		
Company / Individual Name:		
Billing Address:		
Contact Email:		

Mailing Address: PO Box 369, Windsor, CT 06095

Phone: 860.219.9534

Website: www.blackactuaries.org

Fax: 860.219.9546