

CREDIT CARD PAYMENT FORM

I verify and approve the processing of \$150 per person for the conference registration fee, no later than October 11, 2023.

Cardholder Information

First Name:

Last Name:

Organization:

Billing Address:

City:

State:

Zip:

Phone:

E-mail:

Registration is being paid for the following persons using this credit card:


Do not cut! Please PRINT and mail or fax entire form to Iowa HSEMD. Do NOT e-mail this form.


Card Type: | Card Number:

Expiration Date:
Month Year

3-Digit Security Code:

Please mail OR fax your completed form to:

 Iowa HSEMD
 ATTENTION: Beth Lewis
 7900 Hickman Rd. Suite 500
 Windsor Heights, Iowa 50324

 FAX 515.323.4208

