

METHOD OF PAYMENT FORM

NAME OF EVENT: IACP 121st Annual Confe	erence & Exposition	воотн #: 2374
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ADDRESS: ULA MOSCOVA 13		☐ PENINSULA 💥 OTHER
CITY: MILLAN	STATE: (TAC)	IAM: MLINE + CORNER
ZIP CODE/PROVIDENCE: 2012 (COUNTRY:	THE EXHIBITOR
ORDER CONTACT NAME: M. bettini / A. WELL	2500	☐ AN EAC/I&D:
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THIS FORM <u>MUST</u> BE INCLUDED IN YOUR OR		OFP WILL NOT BE DROCESSED
OCCC EXHIBITOR SERVICES COORDINATOR: Kassandra Woods	RDER ONLINE: www.occc.net/exhibitor EMAIL US: exhibitor.services@occc.net EEND VIA FAX: (407) 685-9884 CALL US: (407) 685-9824 or (800) 345-	NE: OCCC MAILING ADDRESS: Orange County Convention Center 9860 Universal Blvd. ATTN: Exhibitor Services
Checks must accompany your order submission and must be received postmarked, by the incentive deadline. Make check payable to Oran County Convention Center. Checks must be US funds drawn from a Please include your show name and booth number on check. CREDIT / DEBIT CARD OCCC will charge your credit/debit card in full for your advance order additional charges for onsite changes or additions. Please complete information below if using a credit/debit card: CARD TYPE: VISA MASTERCARD AMERICAN EXP	us bank. an exhibitor's third party has any all charges will revert to the exhibitor's and any OCCC accepts both wire transfer all of the cleared, not sent, by the incentive to verify with their Initiating Bank Please contact Exhibitor Services.	R s and ACH payments. Payment must be deadline. It is the exhibitor's responsibility that all fees are included in their payment
CARD NUMBER:	EXPIRATION DATE:	SECURITY CODE:
CARDHOLDER NAME:		1
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further authorize the following named person(s) to approve addition	nal charges on the above card on show site	as deemed necessary by said person(s).
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