

EveRGreen RG 2008
Romp and Circumstance
February 15-17, 2008

Mensa of Western Washington
Region 8, Group 980

Request to Pay Registration and meals by Credit Card

Name: _____
(as shown on Credit Card)

Billing Address: _____

City _____ **State** _____

Zip Code _____ **Country** _____

*** Type of Card:**

Visa MasterCard Amex Discover

Card Number: _____

Expiration Date: _____

Amount to be Charged: US\$ _____

(Approval Signature of Card Owner)

Printed Name of Card Owner: _____

*** These are the only cards accepted by the national office. This form is to be submitted with your registration form. Thank you!**