



# Attendee Payment Plan Form

October 18–19, 2018  
2018 National Conference

2465 E. Main  
Davis, OK 73030  
Phone 580.369.2700  
Fax 580.369.2703

Attendee Information—*All Fields Are Required*

**DATE:**

**NAME:**

**MEMBER ID:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE NUMBER:**

**EMAIL ADDRESS:**

**PAYMENT METHOD:**    Check    Visa    Master Card    Discover    Express

**CREDIT CARD NUMBER:**

**CARDHOLDER NAME:**

**EXP DATE:**

**CVV CODE:**

**BILLING ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**Total Cost to Attend \$549.00 (After June 1, 2018 Registration will be \$649.00)**

Authorization for AMBA to charge my credit/debit card for:

2 easy payments of \$274.50

3 easy payments of \$183.00

With additional payment(s) charged on the \_\_\_\_\_ day of the month starting with the month of \_\_\_\_\_.

\*In order to receive the early registration fee of \$549.00, all payments have to be made by May 31<sup>st</sup>, 2018.

**I Authorize AMBA to charge my Credit/Debit card for this initial payment and each subsequent payment on the day of the month selected above:**

**Signature:** \_\_\_\_\_

**Return/Refund Policy: No refunds will be issued after 30 days past any partial payment.**

**I have read the Return/Refund Policy:**

**Signature:** \_\_\_\_\_

Save and print this form. Complete the registration form and submit both by fax to 580 369-2703 or mail to AMBA 2465 E Main Davis, OK 73030