CREDIT CARD DEPOSIT/PAYMENT FORM – 26th Clinical Virology Symposium, April 25 – 28, 2010

If you would like to use a credit card for your exhibit space or other support, please provide the information requested below, and FAX the form to 813.889.0668. This is a dedicated, secure fax in a secured area, and is available 24/7. This form can be filled in ONLINE, then printed, signed etc., and faxed. This should help prevent "translation" errors.

DO NOT FAX TO THE SAME NUMBER TO WHICH YOU FAX THE RESPONSE FORM!!

Company Name:_____

Contact Name:_____ Contact Phone:_____

Circle type of Credit Card: Master Card ☐ Visa ☐ American Express ☐

Name on the Card:_____

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐☐ / ☐☐

Signature of Cardholder (optional):_____

Please indicate the amount we are to charge, and the purpose:

		Quantity	Contribution	Total
Exhibit Space	One10' x 10' (includes 2 individual registrations)	1	$1,750	*$1,750.00*
	Additional 10' x 10' Spaces (2 indiv. reg. per booth)		$1,650	
Contributor	Platinum Contributor		$25,000	
	Gold Contributor		$15,000	
	Silver Contributor		$10,000	
Lectureship	Named Lectureship $2900		$2,900	
	Lecture Support $1000		$1,000	
Other Support	Dessert Reception – Host $5000 Co-host $3000 Support $1000 – $2500			
	Wine & Cheese Reception – Host $5000 Co-Host $3000 Support $1000 – $2500			
	Continental Breakfast – Host $5000 Co-Host $3000 Support $1000 – $2500			
	Morning Break – Host $5000 Co-Host $3000 Support $1000 - $2500			
	Tuesday Nightspiker Volleyball $1000			
	Speaker Welcome Baskets $1000			
	Travel Awards Named $1500 General $ 750			
	Other support by special agreement/request			
			Total Committment	*$1,750.00*
			Charge this amount NOW (must be at least $750 deposit due - by 11/01/09 if you wish to be listed in the program announcement to be mailed in late December)	
			Balance – due by 4/1/10	
			Charge Balance Due to THIS CARD on 4/1/10? Indicate YES or NO	

FAX TO: 813.889.0668

Sandi Manetta, CVS Coordinator
Phone: 813.886.1612

If paying by check, make payable to "USF HPCC"
and mail with a copy of this form to:

Steven Specter, Ph.D.
Office of Student Affairs
USF HSC MDC0004
12901 Bruce B. Downs Blvd.
Tampa, FL 33612