**→**If document opens in restricted mode, either click the **EDIT** button at the top of the screen, or click on the **VIEW** menu and choose **Edit Document**.

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**Credit Card**

**Payment Form**

**29th Annual North Carolina Serials Conference**

**Friday, March 27, 2020 | The Friday Center for Continuing Education, UNC-Chapel Hill**

|  |  |  |  |
| --- | --- | --- | --- |
| **Card Number** | *XXXX-XXXX-XXXX-XXXX* | **Expiration Date:** | Enter expiration date here. |
| **Cardholder Name** | Enter your name as it appears on the card. | **CVV Number:** | Enter security code here. |
| **Cardholder Address** | Address Line 1 |
|  | Address Line 2 |
|  | City | State | Zip |
| **Description** | *What is this payment for?* | **Registration Fee** | *Standard - $40 / Students - Free* |
| **Quantity** | Number of registrants, if applicable. | **TOTAL $** | Amount to be charged to card. |
| **If this payment covers multiple attendee registrations, please list their names and e-mail addresses.** |
| Enter names and emails here. |

[ ]  **I, the *cardholder, acknowledge receipt of goods and/or services in the amount of the total shown above and agrees to perform the obligations set forth in the Cardholder’s agreement with the issuer.***

|  |  |  |  |
| --- | --- | --- | --- |
| **X** | Your typed name will be equivalent to your signature upon submission.  |  | Click here to enter the date. |
|  | *Customer Signature* |  | *Date* |

**You may submit your completed credit card form:**

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|  **1. BY MAIL** to: | Anthony PhilpottSchool of Library and Information SciencesNorth Carolina Central University1801 Fayetteville StreetDurham, NC 27707 | **2. BY E-MAIL** to aphilpott@nccu.edu |
| **3. BY FAX** to (919) 530-6402 |

|  |  |  |
| --- | --- | --- |
| **→**  | **If this payment is for conference registration(s), please make sure that each attendee has registered** [**HERE**](https://www.ncserialsconference.org/register)**.** |  |