



Credit Card Form



VISA Card No. _____ Expiration
 Date _____ Signature _____



MasterCard No. _____ Expiration
 Date _____ Signature _____

Name as it appears on the credit card _____ Tel: _____

Complete billing address of credit
 card _____

Amount to be charged \$ _____

NOTE: IF THERE IS A LIMIT ON THE AMOUNT YOUR CREDIT CARD IS ALLOWED, PLEASE MAKE THIS NOTATION HERE WITH EXACT INSTRUCTIONS ON HOW TO PROCESS. THANK YOU FOR YOUR HELP!

Return to:

Missy Wilson
 SkillsUSA
 PO Box 3000
 Leesburg, VA 20177
 703-737-0608-Direct
mwilson@skillsusa.org

Remember – all payments for exhibitors are due upon request and before the TECHSPO show.

Thank you!