



CREDIT CARD AUTHORIZATION

at the UOG Office of Administration and Finance - Cashier

Date: _____

I (Full Name on the card) _____ hereby authorize

the University of Guam to charge my credit card as payment for Account No.: CLASS-DEAL Language Arts

Conference Account / General Ledger/Revenue#: 28-34-160515-N/ 28-00-160515-0-4401010 for the purpose

of: CLASS 31st Annual Regional Language Arts Conference, Nov. 9 and 10, 2018, Pacific Star Hotel, Guam

Full Name of Participant, if different from cardholder:

- 1. _____ Attendee \$ _____ Presenter \$ _____ Student Presenter \$ _____
2. _____ Attendee \$ _____ Presenter \$ _____ Student Presenter \$ _____
3. _____ Attendee \$ _____ Presenter \$ _____ Student Presenter \$ _____

Visa/Mastercard/AMEX/Discover Number _____ - _____ - _____ Expires: _____
CVC: _____

Total Payment Due:\$ _____

Signature _____

Date _____

EMAIL ADDRESS: _____

Phone Numbers(HM): _____

MAILING ADDRESS: _____

(Cell): _____

(WK): _____

BUSINESS OFFICE USE:

PLEASE EMAIL RECEIPT TO: dfernandez@triton.uog.edu and evelync@triton.uog.edu

FY2019 BUDGET

UOG RECEIPT # _____

Transaction Authorization Code#/Confirmation # _____

Received by: _____

Print Name/Signature

Date Received: _____

T: +1 671.735.2850 F: +1 671.734.3410 W: www.uog.edu

Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913

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