



2019 NAIS Annual Conference Payment Form

This form can be used to submit payment for group or individual payments. Please complete all information and fax to 301.694.5124. **Do not email this form**—it must be faxed to the secure fax number.

School or Group Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Contact Name: _____

Contact Email: _____

Please list below all names of those records that will be paid with this credit card. If more space is needed, please attach an extra page.

NAME	NAME

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Your signature authorizes your credit card to be charged for the total payment. NAIS reserves the right to charge the total fees for each record of the group unless noted above. You will receive an updated confirmation for your group once the payment has been processed. Any questions? Call 888.284.5018 or email naisannual@experient-inc.com.