






HOTEL ACCOMMODATION CREDIT CARD AUTHORIZATION FORM
Event: 63rd Annual World Congress – International College of Angiology – ICA 2022
October 11 – 14, 2022

(Please Print) MD/MBBS/RN, RVT, PA (Family Name)	(First Name)	(MI)
Billing Address		
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In order for us to process your credit card as a form of payment, it is necessary to complete this authorization form. **In order to protect card holders as well as East Wind Caterers from fraudulent use of credit cards, all card holders must provide a clear photocopy of both sides of their credit card.** We only accept MasterCard, Visa or American Express.

I, _____, am authorizing East Wind Caterers to charge my:
 (PLEASE PRINT NAME)

Credit Card Type:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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Expiration Date: _____/_____/_____	CCV/Security Code: _____	Billing Zip/Postal Code: _____				
MM/YYYY	(Required)	(Required)				
Name As It Appears on Card: _____						
I understand that I am liable for one night's room and tax which will be billed to my credit card in the event that I do not arrive or cancel 24-hours prior to my scheduled arrival date.						
Authorized Cardholder Signature: _____				Date Signed: _____		

*I authorize my credit card to be used for a one (1) night hotel accommodation deposit in the amount of USD \$139.00 plus applicable services and taxes. **** This Authorization is not valid unless a clear photocopy of front and back of credit card accompanies this form *****

Thank you for selecting The Inn at East Wind.