



Credit Card Authorization Form

Client Name: _____

Contact Name: _____

Event Dates (Meeting Room Reservations): _____

Arrival Date (Housing Reservations): _____

Reservation Number or Invoice Number: _____

Charge Credit Card for the following:

- _____ Bill all charges
- _____ Deposit Total \$ _____
- _____ Total Meeting Room Charges Only
- _____ Overnight Accommodations Charges Only
- _____ Meals/Catering Only
- _____ Other Amount \$ _____

American Express / Visa / MasterCard / Discover card # _____

Expiration Date ____ / ____ / ____

Card Holder Name (Please Print): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Phone: _____

Card Holder Signature: _____

Completed Credit Card Authorization forms may be faxed to 312-924-8100 or 312-924-8131, Attn. Conference Chicago, or mailed to:

University Center Conference Chicago
525 S. State Street, Suite 200
Chicago, IL 60605