

**ATTENTION:** Marketing Department

**CREDIT CARD AUTHORIZATION FORM**

I \_\_\_\_\_ authorize The Orthotic Group to charge my credit card automatically.

**TOG ACCOUNT #** \_\_\_\_\_

**CREDIT CARD**      VISA      MASTERCARD      AMEX

**CREDIT CARD #** \_\_\_\_\_

**CARD CV2 #** \_\_\_\_\_

**EXPIRY DATE** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**NAME** (as it appears on card) \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Fax or Email Form**

Fax: 1.877.551.3001

Email: [marketing@ohi.news](mailto:marketing@ohi.news)

**CANCELLATION POLICY**

If you are unable to attend, the following cancellation policy will apply. All notices of cancellation must be received in writing at time of cancellation.

3 days prior to the event = Full Refund

After 3 days = No Refund