



ORDERFORM

ARMOUR EXPO 2018

1	TICKET SELECTION	PRICE	QUANTITY
	Chamber Members Offer (Until 31 July)	\$545USD	_____

Ask us about a group rate!

2 CONTACT DETAILS Please complete for each attendee

Mr/Mrs/Ms/Dr/Other _____

First Name: _____ Last Name: _____

Company: _____ Title: _____

Phone: _____ Email: _____

Mailing Address: _____

_____ City: _____

State/Province: _____ Postal Code: _____

Country: _____

3 PAYMENT DETAILS (select preferred method of payment)

- Check** (checks payable to 'Proactive Action Ltd')
- Wire Transfer**
- Credit Card** (see 2nd page for form)

RETURN COMPLETED FORM TO:

Armour Expo Team
 PHONE: +1 (345) 946 3673
 EMAIL: info@armourexpo.com

PAYMENT POLICY

Payment is due within 30 days of registering or by the promotional rate deadline, whichever comes first. If registering within 30 days of the event, payment is due immediately. Payments can be made by wire transfer, Visa or MasterCard. If payment has not been received prior to registration the morning of the conference, a credit card hold will be required. All bookings are subject to terms and conditions and your booking will be taken as acceptance of these.

CANCELLATION POLICY

Full registration will be refunded if a written request is received by info@ArmourExpo.com no later than July 12, 2018. Registration cancellations received after July 12, 2018, but before August 12, 2018, are subject to a service fee equal to 50% of the registration fee. Registrants whose cancellations are received after August 12, 2018, including no-shows, forfeit the entire fee. Substitutions from the same institution may be made at any time.





One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Armour Expo to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please note transactions will appear on your credit card as "Proactive Action."

Please complete the information below:

I _____ hereby authorize Armour Expo to charge my credit card
(full name)

(indicated below) for the amount of \$_____, with a currency of _____, on or after _____.
(dd/mm/yyyy)

This payment is authorized for _____.
(description of goods/services)

Card Type: Visa MasterCard (American Express and Discover not accepted.)

Cardholder Name _____

Card Number _____

Expiration Date _____ Security Code _____

SIGNATURE

DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

