



CREDIT CARD PAYMENT

Event / For: _____

Company: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

Charge \$ _____ to my (check one) -MasterCard -Visa

Name on Card _____

Card Number _____ Exp. Date ____/____

Signature _____ 3 digit code on back of card _____

Submit this form via:

Email: tiffany@wifarmtechnologydays.com

Mail: WFTD

211 Canal Road

Waterloo, WI 53594

Questions: 920-350-5364