

New Horizons Trade Show

Payment Remittance Form

Company _____
Contact _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Cell _____ E-mail _____

Payment and Fees

Trade Show \$ _____
Total Payment Enclosed \$ _____

Payment Preference

Check Enclosed \$ _____
Credit Card Charge \$ _____

- Visa
- MasterCard
- American Express

Credit Card Number _____ Exp. Date _____
Security Code on Card _____
Name of Card Holder _____
Signature of Card Holder _____
Credit Card Billing Address _____
(If different from above address) _____
E-mail Address to Send Credit Card Receipt _____

Make Checks Payable To:

School Nutrition Association of North Carolina or SNA-NC

Please Complete And Return To:

Dawn Ferguson Roth
New Horizons Trade Show
2165 Barrowcliffe Drive NW
Concord, NC 28027
E-mail: jbdfroth@aol.com