

DISTRICT CASE VI

Business Partner Credit Card Form

DEADLINE: Wednesday, December 15, 2010
(Credit card forms arriving after that date will not be accepted.)

Company: _____

Contact: _____

Title: _____

CASE Member (please check): YES NO

CASE Member # _____

Mailing Address: _____

Email Address: _____

Phone: _____ Fax: _____

Total Fee:

Registration _____ +

Sponsorship _____ +

Advertising _____ +

Extra Tickets _____ = TOTAL _____

VISA MASTERCARD

American Express

Fax or mail to:

Sheri Irwin-Gish

Nebraska State College System

1115 K Street, Box 94605

Lincoln, NE 68509

Fax: (402) 471-2669

CreditCard #: _____

Expiration Date: _____

Name as it Appears on Card:

Signature: _____

For questions, please email sirwin@nscs.edu or call (402) 471-2505.