

## Credit Card Authorization Form

Conference ID Brain20

Payment for: Exhibit / Symposium / Patient Track  
(circle one or more)

Amount \_\_\_\_\_

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code on Card \_\_\_\_\_

Billing Zip \_\_\_\_\_

Email (for receipt) \_\_\_\_\_

### Agreement

This application will not be processed unless signed and accompanied by full payment of exhibit/support fees. This application shall serve as both a contractual agreement and invoice for exhibitors. As a representative of the company listed below, you agree to abide by the rules and regulations of the New Advances in Inflammatory Bowel Disease conference as set forth in the Exhibitor Prospectus.

\_\_\_\_\_  
(Print name of company/organization)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Other forms of payment:

**Check** Make checks payable to Scripps. The Scripps Tax ID number is: **95-1684089**.  
**New Address:** 4275 Campus Point Ct. CPB205 San Diego, CA 92121

**Wire Transfer**

Union Bank  
Commercial Banking  
1980 Saturn St, V03-023  
Monterey Park, CA 91755  
1-800-978-6466

ABA#: 122000496

Account Number: 4000165803