

Credit Card Authorization

To make a payment using your credit card, please return this completed form and your account will be charged accordingly.

1. CONTACT INFORMATION			
Contact Person	Title		
Company Name			
Address			
City, State, ZIP			
Telephone	Fax		
Email			
2. PAYMENT DETAILS			
AMOUNT TO BE CHARGED: _____			
REFERENCE OR INVOICE #:	TRADE SHOW NAME:		
Please check one:			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
Card Number	Expiration Date		
Name on Card (please print)	Card Holder's Signature		
Today's Date			
3. BILLING ADDRESS (<i>if different from Contact Information</i>)			
Contact Person			
Company Name (if applicable)			
Address			
City, State, ZIP			
Telephone (incl. extension)			



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WE ACCEPT



Please return to MDNA at secure fax (312) 236-1994.