

2009 Exhibit and/or Program Advertising Credit Card Payment

****If paying by credit card ONLY:** Please complete and return with enclosed form(s) to:

**The Southern Historical Association
History Department, 111 LeConte Hall
University of Georgia
Athens, GA 30602-1602**

Name: _____

Address: _____

* Note: name should be as it appears on the card and address should be as the card is billed to.

E-Mail: (for receipt) _____

If paying by credit card: Please check one or both of the following:

Exhibit \$ _____ Advertising \$ _____

Credit Card Payment:

MasterCard Visa Discover

Card Number: _____

Card CSC Code: _____

(This code is found on the back of your card where you sign it, usually the last three digits and is used to verify you possess the card.)

Card Expiration date: _____

Thank you for your support.