

KCACTF Alternate Production Payment Form

Please submit your credit card information in the spaces provided below. You can submit this form by:

Fax to Susan Shaffer, Producing Director KCACTF, at (202) 416-8860

Or: Call Susan Shaffer with your credit card (or alternate payment request) at (202) 416-8857

School Name:	
Production:	
Production Record ID# (from automatic email confirmation)	
Amount Due: (\$275 for each Associate; \$350 for each Participating)	
Type of Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Diner's Club <input type="checkbox"/> American Express
Name on Card:	<input style="width: 100%;" type="text"/>
Credit Card Number:	<input style="width: 100%;" type="text"/>
Expiration Date:	(MM/YYYY)
Billing Contact Name:	<input style="width: 100%;" type="text"/>
Billing Address:	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Billing Contact Email:	<input style="width: 100%;" type="text"/>
Billing Contact Phone Number:	<input style="width: 100%;" type="text"/>