



CREDIT CARD AUTHORIZATION FORM

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Function Name: 2025 Adult Care Home Conference

Location of Function: OMSI

Date of Function: June 9, 2025

I give authorization to Epicurean Group to charge the event listed above with tax to the credit card below:

Type of Credit Card: Visa / Master
(Please circle one)

Credit Card Number: _____

Name on Card: _____

Expiration Date: _____

Signature: _____

Date: _____