

**Reed Nesbit Society  
Annual Meeting  
October 11-12, 2007**

**Credit Card Authorization Form**

I authorize the University of Michigan Health System to charge \$\_\_\_\_\_ to my credit card to pay registration fees for the Reed Nesbit Society Meeting.

Visa                       MasterCard

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

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Signature

**Billing Information:**

Please provide us with the billing address for the above credit card. If you register prior to the meeting date, a receipt will be available for you at registration.

\_\_\_\_\_  
Name on the credit card

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Email Address

*Please return to:  
Maureen Perdomo  
Department of Urology  
TC 3875 Box 5330  
1500 E. Medical Center Dr. Ann Arbor, MI 48109  
Phone: 734-936-5752 Fax: 734-936-9127  
mperdomo@umich.edu*