



**SATA-IO Credit Card Payment Form- Interop Workshop #8**

To pay via credit card, please complete the credit card form at [www.sata-io.org/interopworkshop.asp](http://www.sata-io.org/interopworkshop.asp) and submit via fax to 503-644-6708.

Payment Amount:

- Interop Team Registration (\$750.00 USD per registration – limit of one team per company).
- Attendee Only (\$100.00 USD per additional attendee)
- Monitor Fee (\$115.00 USD per monitor)

Total amount to charge: \_\_\_\_\_

\* The amount to charge is \$100.00 per additional attendee beyond the two complimentary attendees per test team. EXAMPLE: If you are bringing a total of five people to support one test team, you would need to pay \$300.00 total for the additional three staff  $([5-2]*\$100.00)$

**Company and Contact Information:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Credit Card Information:**

Card Type: \_\_\_\_\_ (Visa, MasterCard, AMEX)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

CVV Number: \_\_\_\_\_  
(last 3-digits of the number on the back of the card above the signature)

Card Holder Name (as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have read this invitation packet and agree to be charged in the amount indicated above as member or non-member via credit card. I am authorized to execute this transaction and attendee registration for the Company/Division identified in this form.**