IIDA INTERNATIONAL INTERIOR DESIGN ASSOCIATION

CAROLINAS CHAPTER

_____

First Name **Middle Initial** **Last Name**

_____

Company Name

_____

Billling Address

_____

City **State** **Zip Code**

_____

Phone # (including area code)

_____

E-mail

Master Card: _____ Or Visa: _____ **NO Other Credit Cards Accepted**

Credit Card Number:_____

Expiration Date : _____ **Security PIN** : _____

Reason for charge:_____

Total Amount to be charged: $_____

Please fax or email this form to:
IIDA Carolinas Chapter Treasurer at:
(919) 490-0603 or coatesloria@aol.com

You will receive an email receipt if you include your email address on the form.
We must have complete information to process this transaction.
Thank you for your support of IIDA Carolinas Chapter