

2024 JOINT SERVICES AIR TRAFFIC CONTROL SYMPSOIMUM

Payment Instruction for Invoicing/Charging/Refund

This form is for anything to be Invoiced/Charged/Refund

1. Invoice Exhibitors/Sponsors
2. Charges for Exhibitors / Sponsors, or any other reason.
3. Indicate your preferred payment type with an "X"

Attach any supporting documentation such as contract, charge request no more than one page. Account for any fees to be charged for a refund.

Invoice Request (x):		Charge(mark with X):	Refund:
Total Invoice Amount:		Date:	
Point of Contact:		Booth #:	
Organization Name:		Booth Size:	
Address:			
City:	State:	Country:	Postal Code:
Email Address (for email receipts):			
Purpose/Coding:			
Comments:			

Sponsorship:	Total Booth Rental Fee:
	Total Sponsorship Fee:
	Total Due:
	Preferred Method of Payment is via Check or ACH: check should be made payable to Air Traffic Control Association and mailed to: 225 Reinekers Lane, Suite 400, Alexandria, VA 22314 – Attn: Deborah Brice, CMP
	Credit card Processing Fee (2.9% of total amount due):
	GRAND Total Due:
Credit Card #:	
Expiration Date: ____/____ CVV: _____	
Name on Credit Card:	
Address associated with credit card:	
Signature:	