



SOCIETY OF
NUCLEAR MEDICINE
AND MOLECULAR IMAGING

SNMMI Payment Form for 2018 RPSC-CMIIT Poster Mixer

Thank you for choosing to remit payment for your donation/sponsorship by credit card (VISA, MasterCard, or American Express) or check. Please complete the form below and return to the SNMMI Leadership Department by mail or fax, details of which are outlined below.

Name: _____ **Phone** _____

Company: _____

Billing Address: _____

Credit Card: VISA MASTERCARD AMERICAN EXPRESS

(Please circle or highlight one)

Credit Card #: _____

Expiration Date: ___ / ___ / ___ **3-Digit Security Code** *(on back of card)* _____

Payment Amount: \$ _____

Payment for: **2018 RPSC-CMIIT Poster Mixer**

Full Name / Company Listing on Card: _____

Signature: _____

Return this form by March 30, 2018 via:

Fax: (703) 708-9020 or **Email:** ahilton@snmmi.org

If paying by check, please return this form and mail a check made payable to SNMMI by March 30, 2018 to the following address:

SNMMI
1850 Samuel Morse Drive
Reston, VA 20190-5316
Attn: Ana Hilton, Governance Department

For In-House Use Only:

Authorization Number: _____

Processed by (initials): _____

Date Processed: _____

Mail/Fax Receipt: _____