

IFPAC Summit-2026

Credit Card Information

Name: _____

Affiliation: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Description of charge: _____

American Express

Visa

Mastercard

Discover

Card No.: _____

Three or four digit code: _____

Exp. date: _____

Amount to be Charged: _____

Billing Address on card: _____

Full Name on card (Print): _____

Signature: _____

Please return this completed application with payment details to IFPAC:

1100 E. Washington St. Suite 103
Grayslake, IL 60030 USA
email: info@ifpacnet.org
www.IFPACSummit.org