

National Extension Association of Family & Consumer Sciences

Payment Authorization Form

Please use this form to send a check for your conference registration, or if you would like to pay by more than one method. Please submit this form along with your registration confirmation to:

NEAFCS 325 John Knox Rd. Suite L103 Tallahassee, FL 32303

| Re | egistrant's Nar | ne: | | | |
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| | Cash | | | Amount: | |
| | Check (payable to NEAFCS) | | | Amount: | |
| | Credit Card | | | Amount: | |
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