



**Credit Card Use Authorization Form**

The completed form below authorizes use of a credit card payment for  
The Desmond Hotel

**Event name: Cabrini Leadership Conference – Missionary Sisters of the Sacred Heart of Jesus**

Function date: **April 30-May 1, 2007**

Institution Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Credit Card:        \_\_\_ Visa                    \_\_\_ Master Card            \_\_\_ American Express  
   \_\_\_ Diner’s Club            \_\_\_ Discover

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

The following guests will have their room and food charged to the above credit card. Incidental charges will be on their own.

- |          |          |
|----------|----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ |          |

I hereby authorize the use of this credit card information by signing below. I understand that this information will not be used for any other purpose than that which is designated by this form.

\_\_\_\_\_  
Cardholder’s Signature (required)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_