Overnight Reservation and CC Authorization

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential.

Reservation Name: _____

Department/Agency: _____

Overnight Accommodations Needed *(circle all that apply)*: Mon 9/14; Tues 9/15; Weds 9/16

Bonvoy #, if applicable: _____

Name on Card: _____

Billing Address: _____

_____

Credit Card Type: _____ Visa _____ Mastercard ____ Discover _____ AmEx

Credit Card Number**: _____

Expiration Date: _____ Security Code: _____

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Chief Michael J. Bradley, Jr. (Ret.), MA Chiefs of Police Association,
353 Providence Road, South Grafton, MA 01560 **OR** via email cheryl@masschiefs.org

***Feel free to call 508-839-5723 with cc information after you have sent over this form if you are not comfortable emailing the same.*