

College of Education

INDIGENOUS LANGUAGE REVITALIZATION SUMMER INSTITUTE (ILRSI)
June 16-19, 2025

Credit Card Authorization

Name: _____

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Credit Card Type (please circle): Visa, Mastercard, Discover, American Express

Name as printed on credit card: _____

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Expiration Date (mm/yyyy): _____ **Security Code:** _____

Amount: \$ _____

Purpose of credit card payment: AITTEC/ ILRSI conference registration June 2025

I authorize Northern Arizona University to process my credit card payment in the amount noted above.

Signature: _____ **Date:** _____