



Registration for a TMTA event or meeting – Payment by credit card

Name of event:		Date of event (dd/mm/yy):
Date of payment (dd/mm/yy):	Card being used (check one) : <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Name on credit card:		
Credit card number:		
Credit card expiration date (mm/yy):		
Company name:		
Company website:		
Company email address:		

<p>Company type (check whichever apply):</p> <input type="checkbox"/> Medical technology / Biotech / Pharma Manufacture / Health IT <input type="checkbox"/> Biomedical products or software / Distribution and sales <input type="checkbox"/> Professional and/or business services <input type="checkbox"/> Government / Educational / Non-profit organization	<p>TMTA Affiliation (check one):</p> <input type="checkbox"/> Regular membership <input type="checkbox"/> A Associate membership <input type="checkbox"/> S Sponsorship – Supporting member <input type="checkbox"/> Non-member guest
<p>Once this document has been completed, please take either of the following steps:</p> <ul style="list-style-type: none"> • Fax this document to TMTA at 705-328-9717 before 3:00 PM (EST) on a regular business day. • Mail this document to TMTA at the mailing address listed at the bottom of this document. <p>Note: The above charge will appear as "CardioMed" on your credit card statement.</p>	

TMTA office use only

Authorization number:	Date: (dd/mm/yy):
Recorded <input type="checkbox"/>	Report FW <input type="checkbox"/>
Email confirmation <input type="checkbox"/>	Correction required <input type="checkbox"/>

4261- A14 Highway 7 East, Suite 180, Markham, Ontario L3R 9W6
www.tmta.ca connect@tmta.ca Phone: 905-888-1273 Fax: 705-328-9717