



**FRESHWATER MOLLUSK CONSERVATION SOCIETY  
7<sup>TH</sup> Biennial Symposium – Louisville KY**

**Manual payment information**

**Participant information**

Name (last): \_\_\_\_\_ (first): \_\_\_\_\_

Affiliation: \_\_\_\_\_

Credit Card information (**please fill in completely or your card will be rejected**):

Card holder  
name \_\_\_\_\_

Billing Address (if different from  
above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Amount to be billed:**

\$ \_\_\_\_\_

**Credit Card**

VISA \_\_\_\_\_ MC \_\_\_\_\_

Card no. \_\_\_\_\_ 3 digit code(Back) \_\_\_\_\_

**Expiration date** \_\_\_\_\_

This form may be sent by Email or Fax to  
Heidi Dunn, FMCS Treasurer

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Fax: 636.281.0973