



Attendee Outstanding Balance Credit Card Guarantee Form

Credit Card – Process for payment Payment Guarantee - **Check to be sent to CADA Central*

Event Name: 2026 CADA State Convention Event Date: March 4 – 6, 2026

Advisor Name: _____

School Name: _____

Email Address: _____ Cell Phone: _____

Visa Mastercard Amex

Name on Card: _____ Credit Card#: _____

CSC Code: _____ Expiration Date: _____/_____/_____

Billing Street: _____ Billing Zip Code: _____

Authorizing Signature: _____

Amount Owed: _____

**If payment is not received by CADA Central by 2-weeks post event, the above credit card will be charged for the amount owed.*

When can we expect payment? _____

Billing contact info if different from above: _____

Notes:

