



# FoodMed 2007

The Conference on Local, Sustainable Food in Healthcare  
Boston, MA | 28 - 29 June 2007

## Registration + Credit Card Payment Form

### Registration Information (please attach your business card to this form)

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

### Credit Card Information

I, \_\_\_\_\_ authorize Food Med Planning staff to charge my  
(print name as it appears on your credit card)

credit card # \_\_\_\_\_ expiration \_\_\_\_ / \_\_\_\_

for the amount of **\$200**.

**Signature of Card Holder** \_\_\_\_\_ **Date** \_\_\_\_\_

### Billing address for above credit card

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Note: On your credit card statement, the merchant name is "**Health Care Without Harm**"

**Contact person for credit card processing:** Germaine email. [germaine@foodmed.org](mailto:germaine@foodmed.org) | tel. 617.969.4841