



Coalition of Community College Architecture Programs, Inc.



# CCCAP CONFERENCE BOSTON 2025

Saturday, June 7 [pre-conference tour of MASS DESIGN on June 6th]

Boston Architecture College [BAC] BEEHIVE  
951 Boylston Street Boston, MA 02115

## Credit Card Payment Authorization Form

CCCAP Members' Fee:

Before May 6th: \$200 In-person Conference

After May 6th: \$250 In-person Conference

Only Dinner? \$75

**VIRTUAL ONLY: \$100 [required by May 6<sup>th</sup>]**

Non-CCCAP Members' Fee:

Before May 6th: \$300 In-person Conference

After May 6th: \$350 In-person Conference

Only Dinner? \$75

**VIRTUAL ONLY: \$150 [required by May 6<sup>th</sup>]**

Sign and complete this form to authorize CCCAP to make a one-time debit to your credit card listed below. By signing this form, you give permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debts or credits to your account.

Email this completed form to [info@cccacp.org](mailto:info@cccacp.org) or mail the form to CCCAP Inc., c/o Randy Steiner FAIA, 4838 Drummond Avenue, Chevy Chase, MD 20815.

## Please complete the information below:

I \_\_\_\_\_ [full name] authorize CCCAP to charge my credit card account indicated below for \_\_\_\_\_ [dollars] on or after \_\_\_\_\_ [date.] This payment is for CCCAP CONFERENCE 2025.

Name of Attendee: \_\_\_\_\_

Email: \_\_\_\_\_

Name of College: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

## Account Type: Visa, MC, AMEX, Discover

Cardholder Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2 [3 digit # on Visa, MC or 4 digit # on AMEX: \_\_\_\_\_

## CCCAP Membership:

CCAP Full Member \_\_\_\_\_

SOA Member: \_\_\_\_\_

Corporate Member: \_\_\_\_\_

Supporting Member: \_\_\_\_\_

Student Member: \_\_\_\_\_

Non-Member: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the good/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with this credit card company, so long as the transaction corresponds to the terms indicated in this form. 2.20.2025