

640 Massachusetts Avenue Space Request Credit Card Authorization

Credit Card Information (to be completed by requestor)	
Date:	
I authorize the Georgetown to Continuing Studies to charge the following amount to the Georgetown to the George to the Georgetown t	
Charge Amount:	
Card Number:	-
Expiration Date:	
<u>Program Details</u>	
Name of Program:	-
Date(s) of Rental:	-
Room(s) Assignment:	-
Date of Payment Processing (to be completed by SCS:	