



Credit Card Authorization Form

The Vinoy Resort & Golf Club Florida

February 22 - 25, 2025

1. Please print or type the names of the individuals who will be attending the Annual Meeting on the registration form. First names (or nicknames) will appear on your badges.
2. If we receive your registration by January 8, 2025, your company listing will appear in the Advance Program Book. A copy of the Program Book will be emailed to you.
3. Be sure to send the following to OPEESA:
Completed Registration Form
Credit Card Authorization Form
Completed Golf Tournament Form (if applicable)
Check for total amount due or complete credit card information below.
(We would prefer a check as that reduces expenses for OPEESA.)
4. Hotel arrangements must be made through Travel Plus of NC. Contact Jackie Rummage at 877.644.5888 or email jackie@travelplusofnc.com. Your hotel arrangements will not be confirmed until Travel Plus receives your hotel form. It must be faxed to 800.652.7330 or emailed.
5. Badges and Program Books will distributed at the OPEESA registration desk.
6. If you cannot attend the meeting, you must cancel your hotel arrangements with Travel Plus at 877.644.5888. **The hotel cancellation policy is 7 days before check in date or one night's room and tax will be forfeited. Do NOT contact The Vinoy Resort to make changes or cancel your hotel room, it must be done through Travel Plus of NC.** OPEESA and Travel Plus of NC are not responsible for any personal hotel charges related to late cancellations.
7. Registration fees will be refunded ONLY when cancellation is made, in writing, to OPEESA by January 20, 2025. Cancellations will be charged \$50 administrative fee. No refunds after January 20, 2025. Golf and various tour fees cannot be refunded due to course and tour policies.

**Fax or mail this
sheet to OPEESA
865.518.6197**

**Meeting changes
or cancellations
must be sent in
writing to
OPEESA.
Fax to
865.518.6197**

**Hotel changes
and cancellations
must be made
through Travel
Plus 877.644.5888**

To reduce costly credit card fees, if possible, we would appreciate a check for your registration costs.

TOTAL AMOUNT DUE \$_____

Please bill my VISA or MASTERCARD or AMERICAN EXPRESS

Name on Credit Card: _____

Credit Card Number: _____

Credit Card CID# (special 3 or 4 digit code from back of card) _____

Signature: _____

Exp Date: _____

Billing Address (for credit card): _____

City: _____ State _____ Zip _____



Mail to: OPEESA, 10421 Hickory Path Way, Ste 103, Knoxville TN 37922.
Phone: 865.264.8580 FAX: 865.518.6197 office@opeesa.com