



2009 Better Weekly Newspaper Contest METHOD OF PAYMENT FORM

Newspaper Name: _____

Contest Representative: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cost per each entry: \$10

Entry fees are non-refundable. Full payment must be received by the contest postmark deadline, **February 12, 2010**. Invoicing and purchase orders are not accepted.

Total number of contest entries submitted: _____

TOTAL AMOUNT DUE: \$ _____

Payment by Check (make payable to: FPA):

Check number # _____

Payment by Credit Card:

American Express Visa MasterCard Discover

Credit Card Number: _____ Exp. Date: _____ CVC Code: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder's Phone Number: _____

Cardholder's E-mail: _____ (Receipt will be sent via e-mail)

Contest entries and payment should be sent to:

FLORIDA PRESS ASSOCIATION
Attn: Thelma Givens, Accounting Coordinator/Membership
336 E. College Avenue, Suite 203
Tallahassee, FL 32301

If you have questions or need assistance please contact
Thelma Givens at (850) 521-1161 or tgivens@flpress.com