



Tournament & Outreach Program

ORTOP 2009 FLL CHAMPIONSHIP Tournament

Payment Form#1 for Check or Credit Card
(For Purchase Order use Payment Form #2 – scroll down)

PAYMENT DUE BY January 6, 2010 --- PLEASE PRINT CAREFULLY

FLL Team Number: _____ Coach Name: _____

FLL Team Number: _____ Coach Name: _____

Total Amount Paid: _____ (\$50 per team)

(If your team has received an ORTOP scholarship in 2009 - a tournament waiver applies.)

Enclosed is my check payable to the Oregon University System. CHECK # _____

Please charge my credit card (Visa or Mastercard only)

Name on Credit Card:

Address (where bill is mailed):

City, State, Zip:

Phone Number:

Card number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiration:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(month)

(year)

Authorized Signature: _____

Mail or Fax to:

**ORTOP Registration
c/o Oregon University System
PO Box 751, IAFF
Portland, OR 97207-0751**

FAX: (503) 725-2921

ORTOP use only: Login: _____ CC Batch Date: _____

For more information, please email questions@ortop.org or call 503.725-2920.



ORTOP 2009 FLL Championship Tournament

Payment Form#2 for PURCHASE ORDER

(USE THIS FORM IF PAYING BY PURCHASE ORDER)

Tournament & Outreach Program

PLEASE PRINT CAREFULLY

PURCHASE ORDER DUE BY January 6, 2010.

A COPY of the THIS FORM MUST ACCOMPANY THE CHECK GENERATED BY THE PURCHASE ORDER!

FLL Team Number: _____ Coach Name: _____

FLL Team Number: _____ Coach Name: _____

Total Amount Paid: _____ (\$50 per team)

(If your team has received an ORTOP scholarship in 2009 - a tournament waiver applies.)

PURCHASE ORDER # _____

Do you require an invoice be sent? YES / NO

If Yes, to whom and where should it be sent?

Name of Institution _____

Street Address _____

City _____ ST _____ ZIP _____

ACCOUNTING PERSON CONTACT INFO: (regardless if invoice is required or not)

NAME _____

PHONE _____

EMAIL ADDRESS: _____

Make a copy of completed form and give to the person processing the Purchase Order to include with the check. We need this to match it with your team.

Mail or Fax this form to:

**ORTOP Registration
c/o Oregon University System
PO Box 751, IAFF
Portland, OR 97207-0751**

FAX: (503) 725-2921

ORTOP use only: Login: _____
INVOICE: Y / N
INV Date sent: _____
Check Received: _____

For more information, please email questions@ortop.org or call 503.725-2920.