



Office Use Only

OIA Conf. _____

Atlanta Hawks Payment and Payroll Deduction Form

Information:

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Degree: ☐ M.D. ☐ Ph.D. ☐ M.P.H. ☐ M.S.C.R. ☐ Other _____Employment Category: (please check one) ☐ Faculty ☐ Adjunct Faculty ☐ Staff ☐ Resident

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Department: _____ Campus Phone: _____

E-mail Address: _____

Cost:

Tickets: \$25: _____ \$45: _____ \$65: _____ Total Tickets: \$ _____
#tickets #tickets #ticketsPre-game Reception: \$10: _____ Total Pre-game Reception: \$ _____
#ticketsT-shirt: S-XL = \$6 _____ 2x-3x = \$8 _____ Total T-shirts: \$ _____
#t-shirts #t-shirts

Grand Total (ticket+reception+t-shirt): \$ _____

Payment Options:

Option 1

☐ Total **Cash** Amount \$ _____☐ Total **Check** Amount \$ _____☐ Please **Charge** my: ☐ VISA ☐ MasterCard ☐ AMEX

Total Charge: \$ _____

Name on the Card: _____

Card #: _____

Exp. Date: _____ CCID#: _____

Signature: _____

Payroll Deduction Information: (Forms must be received by Dec. 15, otherwise use Option 1)

Option 2: Term Deduction

☐ Total Amount \$ _____ via payroll deduction divided in 4 pay periods (no exceptions).Start: (Mo/Day/Yr.) 12/25/2015End (Mo/Day/Yr.) 2/5/2016**Repayment:** I understand that this payment must be repaid to Morehouse School of Medicine. I further understand that if my employment ends for any reason prior to the complete repayment that, the final amount will be taken from my last paycheck.

Signature: _____ Date: _____

Please return completed form to Patricia Clark, pclark@msm.edu, Office of Institutional Adv. or for questions please call 404.752.1736.Morehouse School of Medicine | Office of Institutional Advancement | 720 Westview Drive, SW | Atlanta, GA 30310 | www.msm.edu