



# Web Site Listing Upgrade Form

Please print clearly

Member Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact eMail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Company Web Site URL: \_\_\_\_\_

## Billing Information and Authorization

- I certify that the above company is a member in good standing of the NH Bio/Medical Council
- I have enclosed a check for \$120, payable to CrystalVision, Inc.
- Please charge my credit card (Your credit card statement will show CrystalVision as the vendor.)

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Card Type (check one):  MC  Visa  AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code (on back of card): \_\_\_\_\_

I hereby authorize CrystalVision, Inc. to charge the credit card listed a fee of \$120 for an upgraded listing on the NH Bio/Medical Council web site for the period of one year. I understand that my upgrade will automatically renew each year and my credit card will be charged unless I provide written notification of my request for cancellation to CrystalVision in advance of the anniversary date.

\_\_\_\_\_  
**Cardholder's Signature:**

\_\_\_\_\_  
**Date:**

**Please email your company description in Word or Text format along with a digital copy of your logo (.jpg or .gif format preferred, .tiff and .pdf also accepted) to members@nhbiomed.org.**

**Please mail completed agreements to CrystalVision at 222 International Drive, Ste 145, Portsmouth, NH 03801**

*Operated and maintained by:*

**CRYSTALVISION**  
Innovative Web & eMarketing Solutions

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