

Drone Vulnerability and Risk Assessment C-UAS Planners Workshop Credit Card Form

1030 University Boulevard., Suffolk, VA 23435

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I, _____, authorize **ODU Research Foundation** to charge my credit card above for agreed upon purchases. This permission is for a **single transaction only** and does not provide authorization for any additional unrelated debits or credits to your account.

**Once this form is completed, print it out and email it to Jessica Zimmerman at j1zimmer@odu.edu.

QUESTIONS, CONTACT:

Jessica Zimmerman
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