

## CONFERENCE PAYMENT INSTRUCTIONS

The following are instructions on how to make your conference payment fee of \$148 via the Pay.gov online payment system. To get started, please go to the [Pay.gov Online Form](https://www.pay.gov/public/form/start/25982092).

https://www.pay.gov/public/form/start/25982092

**Pay.gov**

PLEASE CLICK ON THIS LINK  
<https://www.pay.gov/public/form/start/25982092>  
TO PAY YOUR CONFERENCE FEE

Log in | Register

Find Forms, Agencies... Search MAKE A PAYMENT FIND AN AGENCY ONLINE HELP

**Alert Message:**  
Pay.gov will conduct system maintenance on Saturday, October 8, 2016, from 5 pm - 8 pm (ET). Agencies and their customers will experience a service interruption during this time window.

### Animal and Plant Health Inspection Service (APHIS) Customers

Before You Begin 1 Complete Agency Form 2 Enter Payment Info 3 Review & Submit 4 Confirmation

Please use this form to pay your APHIS account statement.

**Paying online with Pay.gov is safe, secure, and the preferred method to make a payment.** To make a payment using one of the below accepted payment methods, please click the Continue to the Form button.

**Accepted Payment Methods:**

- ▶ Bank account (ACH)
- ▶ Dwolla account
- ▶ PayPal account
- ▶ Debit or credit card

[Preview Form](#) [Cancel](#) [Continue to the Form](#)

This is a secure service provided by United States Department of the Treasury. The information you will enter will remain private. [Please review our privacy policy](#) for more information.

**Need Help?**  
APHIS Customers  
Contact: APHIS Helpline  
Email: [Click to email](#)  
Phone: 1-877-777-2128

WARNING WARNING WARNING

You have accessed a United States Government computer. Unauthorized use of this computer is a violation of federal law and may subject you to civil and criminal penalties. This computer and the automated systems which run on it are monitored. Individuals are not guaranteed privacy while using government computers and should, therefore, not expect it. Communications made using this system may be disclosed as allowed by federal law.

Note: This system may contain Sensitive But Unclassified (SBU) data that requires specific data privacy handling.

Contact Us | Notices & Agreements | Accessibility Policy | Privacy & Security Policy | For Agencies | \*

Should you need technical assistance, please contact our AvantGarde contractor, Mark Boudreau at [mboudreau@avantgarde4usa.com](mailto:mboudreau@avantgarde4usa.com) and [USDAUSAIDFOODCONF@FAS.USDA.GOV](mailto:USDAUSAIDFOODCONF@FAS.USDA.GOV), Subject Line: Conference Payment Support.

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**Animal and Plant Health Inspection Service (APHIS) Customers**

Before You Begin    **Complete Agency Form**    2 Enter Payment Info    3 Review & Submit    4 Confirmation

**Need Help?**  
[Expand](#)

3  
 Fill out this information

4  
 You will need to select the proper payment - \*see next screen

SAMPLE



**United States Department of Agriculture**  
**ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**Customer Electronic Payment Form**

If you would like to schedule a recurring payment you must first register as a Pay.gov user. Please return to Pay.gov's home page and click on "Click here to register" before filling out the form.

**\*Required Field**

\*Customer Name:

\*Street Address:

Street Address 2:

\*City:

\*Country:

Zip/Postal Code:

Email Address:

\*Point of Contact First Name:

Point of Contact Middle Initial:

\*Point of Contact Last Name:

\*Point of Contact Phone Number:  Ext:

Please note a Payment Reference for each individual debt you wish to pay. You may pay up to five Accounts or Bills

\*Service Provided by:

Please note: For Assistance or to submit an address change, please email: [abshepline@aphis.usda.gov](mailto:abshepline@aphis.usda.gov)

Total Amount Calculated: \$

[PDF Preview](#)    [Submit Data](#)

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# Animal and Plant Health Inspection Service (APHIS) Customers

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**Need Help?**

[Expand](#)



## United States Department of Agriculture ANIMAL AND PLANT HEALTH INSPECTION SERVICE

### Customer Electronic Payment Form

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*\*Required Field*

\*Customer Name:

\*Street Address:

Street Address 2:

\*City:

\*Country:

Zip/Postal Code:

Email Address:

\*Point of Contact First Name:

Point of Contact Middle Initial:

\*Point of Contact Last Name:

\*Point of Contact Phone Number:

 Ext: 

Please note a Payment Reference for each individual debt you wish to pay.

\*Service Provided by:

- Wildlife Services (WS)
- Veterinary Service (VS)
- Reimbursable Overtime (ROT)
- Penalty/Fine Payments
- Other - Straight Line Bills
- COOP Payments
- Trust Fund

**From the dropdown box you must select the item:  
OTHER - STRAIGHT LINE BILLS**

Please note: For Assistance or to submit an address change, please email: [abshelp@aphis.usda.gov](mailto:abshelp@aphis.usda.gov)

Total Amount Calculated: \$

PDF Preview

Submit Data

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**Animal and Plant Health Inspection Service (APHIS) Customers**

Before You Begin    1 Complete Agency Form    2 Enter Payment Info    3 Review & Submit    4 Confirmation

**Need Help?**

**IF YOU ARE PAYING FOR YOURSELF ONLY**

- ✓ Fill out #5 completely with your current information
- ✓ Select "Other-Straight Line Bills" in #6
- ✓ PUT YOUR NAME in #7
- ✓ Put a total of \$148.00 in #8
- ✓ Click on #9 - SUBMIT DATA

**IF YOU ARE PAYING FOR SOMEONE ELSE**

- ✓ Fill out #5 completely with YOUR current information
- ✓ Select "Other-Straight Line Bills" in #6
- ✓ PUT THE NAMES OF THE ATTENDEES in #7 (You may input UP TO 5 Names)
- ✓ Put a total of \$148.00 in #8 IN EACH BLOCK FOR EACH PERSON YOU ARE PAYING FOR
- ✓ Click on #9 - SUBMIT DATA

*"If you are paying FOR MORE THAN 5 ATTENDEES, you MUST submit an additional Pay.Gov form"*

**United States Department of Agriculture**  
**ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**Customer Electronic Payment Form**

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**\*Required Field**

\*Customer Name:

\*Street Address:

Street Address 2:

\*City:

\*Country:

\*State/Province:

Zip/Postal Code:

Email Address:

\*Point of Contact First Name:

Point of Contact Middle Initial:

\*Point of Contact Last Name:

\*Point of Contact Phone Number:  Ext:

Please note a Payment Reference for each individual debt you wish to pay. You may pay up to five Accounts or Bills

\*Service Provided by:

Billing Document Number	Payment Amount (U.S. Dollars)
Other-Straight Line Bills	
1: NAME OF ATTENDEE	\$ 148.00
2: IF NEEDED - 2nd Attendee	\$
3: IF NEEDED - 3rd Attendee	\$
4: IF NEEDED	\$
5: IF NEEDED	\$
<b>Total Amount Calculated:</b>	<b>\$ 148.00</b>

Please note: For Assistance or to submit an address change, please email: [abshelp@aphis.usda.gov](mailto:abshelp@aphis.usda.gov)

PDF Preview    Submit Data

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### Animal and Plant Health Inspection Service (APHIS) Customers

Before You Begin > 1 Complete Agency Form > 2 Enter Payment Info > 3 Review & Submit > 4 Confirmation

#### Payment Information

Payment Amount: \$148.00

\* I want to pay with my:

- Bank account (ACH)
- Dwolla account
- PayPal account
- Debit or credit card

Previous

Return to Form

Cancel

Next



Select YOUR Payment TYPE then Click on NEXT

#### Need Help?

APHIS Customers

Contact: APHIS Helpline

Email: [Click to email](#)

Phone: 1-877-777-2128

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**Animal and Plant Health Inspection Service (APHIS) Customers**

Before You Begin > 1 Complete Agency Form > Enter Payment Info > 3 Review & Submit > 4 Confirmation

**Need Help?**

APHIS Customers

Contact: APHIS Helpline  
 Email: [Click to email](#)  
 Phone: 1-877-777-2128

Please provide the payment information below. Required fields are marked with an \*.

\* **Payment Amount:**

\* **Cardholder Name**

\* **Cardholder Billing Address:**

**Billing Address 2:**

**City:**

**Country**

**State/Province**  **ZIP/Postal Code**

\* **Card Type:**

\* **Card Number:**

**Expiration Date:**

\* **Security Code:**  
  
[What's this?](#)

**Service 1**  
 Food Security Conference, 148.00

**Service 2**  
 .

**Service 3**  
 .

**Service 4**  
 .

**Service 5**  
 .

12

Input payment information and then  
 Click on REVIEW and Submit Payment

13

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### Receipt

**Your payment is complete**



Pay.gov Tracking ID: [REDACTED]

Agency Tracking ID: [REDACTED]

**YOU WILL NEED THESE CONFIRMATION CODES**

Form Name: Animal and Plant Health Inspection Service (APHIS) Customers

Application Name: APHIS Customers

#### Payment Information

Payment Type: Debit or credit card

Payment Amount: \$ . . . .

Transaction Date: 10/05/2016 07:11:14 AM EDT

Payment Date: 10/05/2016

Service 1:

Service 2:

Service 3:

Service 4:

Service 5:

#### Account Information

Cardholder I

Card Type: Master Card

Card Number: \*\*\*\*\*8623

#### Email Confirmation Receipt

Confirmation Receipts have been emailed to:

This is your CONFIRMATION/RECEIPT  
You will need the Pay.Gov TRACKING ID AND  
Agency TRACKING ID to Register

Either PRINT or Store Electronically your receipt  
You will need this receipt information to complete  
registration