

CREDIT CARD AUTHORIZATION FORM

Date: _____

Delegate's Name: _____

Delegate's Registration ID #: _____

Card Holder's Name: _____

Credit Card: MC VISA

Credit Card Number: _____

3 Digit Security Code on Back of Card: _____

Expiry Date: _____

Card Holder's Signature: _____

Amount in USD: _____

NOTE: Please return the completed form together with a copy of the front and back of the credit card.

RETURN COMPLETED FORM TO:

International Conference Services Ltd., Suite 300, 1201 West Pender Street Vancouver, BC, Canada V6E 2V2
• FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-Mail: ISDE2016-Registration@icsevents.com