

Credit Card Payment Form

Title: _____ Surname: _____ Forename(s) _____

Registration Fees	£			£
Full Delegate (Single room)	475	<input type="text"/>	Student Delegate (Shared twin room)	310 <input type="text"/>
Full Delegate (Shared twin room)	400	<input type="text"/>	Accompanying Person (Sharing double room)	225 <input type="text"/>
Invited Speaker (Single Room)	0	<input type="text"/>	Day Delegate (1 Day)	POA <input type="text"/>
			Day Delegate (4 Days)	200 <input type="text"/>
Total Payment Submitted	£	<input type="text"/>		

AUTHORISATION FOR PAYMENT TO BE MADE BY CREDIT CARD

Please complete and send to Dr. Damien Murphy at address below:

Please note that only VISA DELTA, VISA, MASTERCARD, MAESTRO, and SOLO cards can be accepted. We **DO NOT** accept American Express.

COMPLETION OF THIS FORM INDICATES PERMISSION TO DEBIT YOUR CARD.

Company Name (if paying by company credit card) _____

Billing Address _____

Credit card N° Expiry date:

Switch Issue number or start date Security N° (last 3 digits on back of card)

Signature: _____

Date: _____

RETURN THE FORM TO:

Dr. Damien Murphy, ESR Conference Cardiff 2010,
School of Chemistry, Cardiff University,
Main Building, Park Pl., Cardiff CF10 3AT, UK.

MurphyDM@cf.ac.uk

Fax: +44 (0) 29 20874030 Tel: +44 (0) 29 20875850

Registration Deadline: 15-2-10
Surcharge for late payment: £50

The completed form can be returned by fax, mail or scanned and attached to an email message.