

CREDIT CARD AUTHORIZATION FORM**Date:** _____**Delegate's Name:** _____**Delegate's Registration ID #:** _____**Card Holder's Name:** _____

	MC	VISA	AMEX
Credit Card:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Credit Card Number: **3 Digit Security Code
on Back of Card:** **Expiry Date:** **Card Holder's Signature:** _____**Amount in CAD:** _____

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., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3
FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail : ISDE2014-registration@icsevents.com