

CREDIT/DEBIT CARD PAYMENT

(Please fax the completed form back to ICMS on 00 44 131 651 4381 if abroad or 0131 651 4381 if within the UK)

Workshop Title	Birational Geometry	
Name of Delegate		
Name on Card		
Cardholder's Address (Statement Address)		
Post Code		
Amount (1.75% additional charge for credit cards)		
Card Type (we do NOT accept American Express or Discover cards)		
Card Number		
Start Date		
Expiry Date (Required)		
Issue Number (Debit Card only)		
Would you like to pay in your own currency?	YES (please circle) NO	
	Cardholders signature:	
Please destroy security code after processing	Processed by:	
	Date:	
Security Code (3 digits) (Last 3 digits on signature strip) (Required)		