

## 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)

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