

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	EU-Young and Mobile Workshop
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
Security Code (3 digits) (Last 3 digits on signature strip) (Required)	
	Cardholders signature:
For Office Use: Please destroy security code after processing	Processed by: Date: