

CREDIT/DEBIT CARD PAYMENT

(Please fax the completed form back to ICMS on 00 44 131 220 1053 if abroad
or 0131 220 1053 if within the UK)

Workshop Title	Mathematical Neuroscience 2009	
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)		
	Cardholders signature:	
		Processed by:
		Date:
Please destroy security code after processing		
Security Code (3 digits) (Last 3 digits on signature strip) (Required)		