Credit Card Authorization Fax:

University of Adelaide
Workshop in Honour of
Tony Thomas' 60th Birthday

15th February - 19th February 2010

Please charge my credit card as follows;

CREDIT CARD TYPE:	MasterCard / Visa
REGISTRATION NAME:	
NAME ON THE CARD:	
CREDIT CARD NUMBER:	
EXPIRY DATE:	
REGISTRATION FEE:	$150.00 AUD
ACCOMPANYING GUEST(S) DINNER COST @ AU$110pp:	$
TOTAL AMOUNT:	$
RECEIPT REQUIRED:	Yes / No
MAILING ADDRESS:	
E-MAIL ADDRESS:	
Via FAX: SIGNATURE	

This form should be faxed to the administration office at CSSM.

The fax number is +61 8 8303 3551

You will receive an e-mail confirming that we have received your fax, and that the payment will be processed in due course.