

Credit Card Authorisation Fax

University of Adelaide
"T(R)OPICAL QCD 2010" WORKSHOP
26th September – 1st October, 2010

Please charge my credit card as follows:

CREDIT CARD TYPE:	MASTERCARD / VISA
NAME ON CARD:	
CREDIT CARD NUMBER:	
EXPIRY DATE:	
REGISTRATION FEE:	\$
ACCOMPANYING GUEST(S) DINNER COST @ AU\$115 PER PERSON:	\$
TOTAL AMOUNT:	\$
RECEIPT REQUIRED:	YES / NO
MAILING ADDRESS:	
E-MAIL ADDRESS:	
(VIA FAX) SIGNATURE:	