



CREDIT CARD AUTHORIZATION FORM

Date: _____

Registered Delegate's Name: _____

**Registered Delegate's ID
Number:** _____

Cardholder's Name: _____

Credit Card: **M/C** **VISA**

Credit Card Number: _____

Expiry Date:

Card Holder's Signature: _____

Amount: _____

NOTE: Please return the completed form together with a copy of the front and back of the credit card.

RETURN COMPLETED FORM TO:
International Conference Services Ltd., 2101 - 1177 West Hastings St.,
Vancouver, BC, Canada, V6E 2K3
FAX: +1 604 681 1049 • TEL: +1 604 681 2153
E-mail: icls-registration@meet-ics.com