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DETAILS OF PAYMENT: ... EuroForth 2009 Conference

NAME: P. J. Knaggs SECAM, Harrison Building

APTOS COST CENTRE AND DETAIL CODE: ...AHAJ0202/08720

CREDIT/ DEBIT CARD AUTHORISATION

Card Holders Name _____ Signature _____

Card Number

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Start Date _____ Expiry Date _____ Debit Card Issue No. (If applicable) _____

Security Number (last 3 digits of number on signature strip)

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Cardholder's address _____
 Including Postcode _____

Cardholder's telephone no. _____

Amount authorised to be paid using the above card details:								
£	p							
Total	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							

PLEASE NOTE THAT RETURNING THIS FORM ELECTRONICALLY IS NOT A SECURE METHOD

Name: _____

Amount: _____