

TO BE FILLED IN BY UNIVERSITY DEPARTMENT HOLDING EVENT

DEPARTMENT OF Faculty of Life Sciences.....

CONTACT NAME AND TEL NO Werner Müller, 55233.....

DESCRIPTION OF CONFERENCE ...CTC Annual Meeting 2009.....

Please send an addressed pre paid envelope with this form if you require a receipt

FINANCE CODE TO BE CREDITED

SOURCE OF FUNDS

C	A	0	0	6	8	4	1	5	0	2		0	9	
---	---	---	---	---	---	---	---	---	---	---	--	---	---	--

FOR INCOME OFFICE USE ONLY

REASON RETURNED

- The card has been declined
 The card has expired
 The card number is invalid
 Valid from/Expiry date missing
 No Issue Number
 No Finance Code quoted/Finance Code invalid
 American Express/Discover Card
 The PDQ machine is not accepting the card
 Other reason

CUSTOMER DETAILS

TO BE FILLED IN BY THE CUSTOMER

NAME ON CARD

CARDHOLDERS ADDRESS
 (per statement)

INC POSTCODE

CONTACT TELEPHONE

CONTACT E MAIL ADDRESS

AMOUNT £ CARDHOLDERS SIGNATURE:



TO BE FILLED IN BY THE CUSTOMER

CARD ISSUED BY (BANK OR EQUIVALENT)

CARD NUMBER (On the front of the card).....

SECURITY NUMBER:(On the back of the card)

CARD TYPE: VISA..... MASTERCARD.....

MAESTRO..... CARD ISSUE NUMBER.....

VISA/DELTA..... JBC.....

SOLO..... CARD ISSUE NUMBER.....

VALID FROM DATE (MM/YY).....EXPIRY DATE (MM/YY)

CARD DETAILS TO BE DETACHED AND DESTROYED AFTER TRANSACTION COMPLETION