

CREDIT/DEBIT CARD PAYMENT FORM

SMART CARD RESEARCH AND ADVANCED APPLICATIONS 8TH
IFIP WG 8.8/11.2 INTERNATIONAL CONFERENCE, CARDIS 2008
ROYAL HOLLOWAY, UNIVERSITY OF LONDON

PAYER DETAILS

Surname _____ Contact Telephone No. _____

Forename(s) _____

PAYMENT FOR CONFERENCE (ABOVE)

Amount of Payment: £ .

Please charge my: Visa / Delta / Mastercard / Maestro / Solo / JCB* with the above payment
(Please note: we do not accept American Express or Diners Club cards)

Name on card: _____

My card number is:

(for Maestro, Delta and Solo, please enter the longest number on your card)

Card expiry date: / Switch / Solo issue no:

Card security code(as shown on reverse of card):

Billing address postcode:

Billing address flat and/or house no: /

Signature _____ Date _____

* Delete as appropriate

Please ensure all relevant fields are completed. Forms must be submitted to:
Pauline Stoner, MC230 Mcrea Building, Royal Holloway, Egham, Surrey, TW20 0EX
P.Stoner@rhul.ac.uk
Tel: +44 (0)1784 443101
Fax: +44 (0)1784 414690