



CREDIT CARD PAYMENT AUTHORIZATION FORM

Please complete the form below and return it to us by fax to: +65 6478 9457.
 Contact Ms Joanne Choy at jchoy@ibn.a-star.edu.sg or +65 6824 7019 for further enquiries on credit card payment.

BILLING INFORMATION

Name: _____
 Salutation _____ First Name _____ Last Name _____

Organisation: _____

Email Address: _____

Telephone Number: _____
 Country Code _____ Area Code _____ Telephone Number _____

REGISTRANT(S) INFORMATION (Please attach a separate sheet if applicable)

	Name	Type	Fee (US\$)
1.	Salutation _____ First Name _____ Last Name _____	_____	_____
2.	Salutation _____ First Name _____ Last Name _____	_____	_____
3.	Salutation _____ First Name _____ Last Name _____	_____	_____

Total Payable Amount: US\$ _____ (Please include 7% for goods and services tax)

CREDIT CARD INFORMATION

Cardholder Name: _____

Credit Card Number:

CVC Security Code: (This is the last 3 digits of the number on the back of your credit card)

Credit Card Type: Visa Master Card

Expiry Date (MM/YY): /

By signing below, I declare that the information given on this form is true and correct. I agree and authorize Institute of Bioengineering and Nanotechnology to charge my credit card with the total payable amount stated above for the registration(s) to the 1st Nano Today Conference 2009. I have read and agree to the payment policies available online at <http://www.nanotoday2009.com/payments.html>.

Cardholder's Signature: _____ **Date:** DD / MM / YY

FOR OFFICIAL USE

Invoice No:	Date:	Approval No:	Date:
Transaction No:	Date:	Batch No:	Date:

All information entered on this form will be kept strictly confidential by our institute.

Complete and fax this form to our fax at: +65 6478 9457.

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