



## 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: [wce2010-registration@meet-ics.com](mailto:wce2010-registration@meet-ics.com)