



## CREDIT CARD AUTHORIZATION FORM

Date:				
Registered Delegate's Name:				
Registered Delegate's ID #:				
Card Holder's Name:				
Card Holder's Address:				
Card Holder's Phone Number:				
Credit Card:	M/C	VISA		
Credit Card Number:				
3 Digit Security Code on Back of Card:				
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)