

# CREDIT/DEBIT CARD PAYMENT FORM

## UNIVERSITY OF CAMBRIDGE

INTELBIOMAT/ICAM/I2CAM Meeting  
January 2009  
The Moller Centre  
Cambridge United Kingdom  
<http://www.intelbiomat.org>

Your Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

### **CREDIT/DEBIT CARD DETAILS:**

Name (as shown on card) \_\_\_\_\_

Statement Address (including postal address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card Type: Visa/ Mastercard/Delta (please delete where applicable)

*NB. We are unable to accept payment by American Express*

Card No.: \_\_\_\_\_

Valid from: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Security Code \_\_\_\_\_ Issue No. \_\_\_\_\_

I authorise you to charge (*total*) £\_\_\_\_\_ **to my credit/debit card:**

Signature of Card Holder: \_\_\_\_\_

All details given are confidential and will only be used by the Finance Division of the University of Cambridge.

We advise that no refunds are possible.

*Fax or post your completed form to +44 (0) 1223 760520 for attention of LEONA HOPE,*

**Camvish Laboratory, University of Cambridge, JJ Thomson Avenue, Cambridge CB3 0HE, UK**

**Please call Leona on +44 (0) 1223 337429 if you have any queries.**