

2nd Advanced Optical Imaging Workshop Credit Card payment form

Full name: _____

Address: _____

Phone number: _____

Payment for

- Full registration \$250
 Student registration \$150

Please complete the following payment details and fax to +61 (3) 9347 5180

Bankcard MasterCard Visa Cheque (please tick)

Card No.

Expiry.

I authorise the University of Melbourne to debit the amount below from my credit card

Card holders name _____ Amount \$ _____

Card holder's signature _____