

James Stirling Memorial

Credit Card Details

FAX TO : 0044 (0) 191 3343658 (Secure)

Workshop attendee name:

Institution:

E-mail:

Cardholder name:

Cardholder email:
If different from attendee

Card Type:
(VISA etc
sorry no AMEX or Diners Club)

Card Number:

Expiry Date: /

Issue Date: (if Switch) /

Amount:

Signed:

Security Code: (3 digits on Signature strip)