

**CREDIT CARD PAYMENT FOR CONFERENCES**

**Contact Information :**

<b>First Name</b>	
<b>Middle Initial</b>	
<b>Last Name</b>	
<b>Company/Organisation</b>	
<b>Telephone</b>	
<b>Email Address</b>	
<b>Paper Title</b>	
<b>Paper Number</b>	

**Invoice Information : Please tick (✓) in appropriate box**

	<b>IAMOT Member</b>	<b>Non-Member</b>	<b>Student*** Author</b>	<b>Amount</b>
<b>Registration Fee</b>	<input type="checkbox"/> US\$610	<input type="checkbox"/> US\$ 710	<input type="checkbox"/> US\$ 300	
<b>Late Registration Fee</b> After Feb 1st 2008	<input type="checkbox"/> US\$ 710	<input type="checkbox"/> US\$ 810	<input type="checkbox"/> US\$ 450	
<b>IAMOT Membership#:</b>				
<b>No. of Additional CD Proceedings @ US\$ 20 each:</b>				
<b>No. of Additional Tickets for lunch per day @ US\$ 50 each:</b>				
<b>No. of Additional Tickets for Dinner Banquet @ US\$ 75 each:</b>				
<b>Total Amount To Be Charged to Your Card (Registration + Additional Items) US\$ :</b>				

**Credit Card Information :**

<b>Credit Card Type</b>	<b>Credit Card Number</b>	<b>Card Verification Number (3 digit number at the back of the card)</b>	<b>Expiry Date</b>
<b>Card Holder's First Name</b>	<b>Card Holder's Last Name</b>	<b>Card Holder's Signature</b>	
<b>Card Billing Address</b>			

- Please also fax(+9714 366 4698) a clear photocopy of the Credit Card (Front & Back) and a clear copy of an identification proof of the Signatory.