

## Payments made by credit cards for KSEM-2010

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Please complete the online registration form first, and then complete this form and fax it to

**0044 28 90366216**

Please write in capitals!

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Credit card payment for (name and paper IDs):

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**(must be the same as those used in the online registration form)**

Type of cards:

VISA card

Master card

Amount to pay according to the registration: \_\_\_\_\_

Credit card number (16 digits): \_\_\_\_\_

Expiry date (MM-YY): \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Billing address: \_\_\_\_\_

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City: \_\_\_\_\_ County/Region/State: \_\_\_\_\_

Zip/Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_