



## CREDIT CARD AUTHORIZATION FORM

Date \_\_\_\_\_ (MM-DD-YYYY)

M/C    VISA

Credit Card:

Credit Card Number: \_\_\_\_\_

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

Cardholder's name: \_\_\_\_\_

Cardholder's  
Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Security Number: \_\_\_\_\_

Reference/Invoice: \_\_\_\_\_

Amount in USD: \_\_\_\_\_

**\*PLEASE NOTE\***

- For security reasons, we require a copy of the credit card (front and back).
- A 4% processing fee is applied to all credit card charges.

RETURN COMPLETED FORM TO:

WCLC 2015 c/o International Conference Services Ltd.

2101 - 1177 West Hastings Street, Vancouver, BC, V6E 2K3 CANADA

Phone: +1 604 681 2153 Fax: +1 604 681 1049 Email: [wclc2015@icsevents.com](mailto:wclc2015@icsevents.com)