



Chapter of Hand Surgeons
College of Surgeons, Singapore
2nd Upper Limb Cadaveric Course
19 January 2017

CREDIT CARD AUTHORISATION & REGISTRATION FORM

(FOR PAYMENT VIA CREDIT CARD ONLY)

Please fax registration form to (65) 65937880 or email to bened_thong@ams.edu.sg

Registrant's Details

Name (as in SMC registration): _____ MCR No: _____

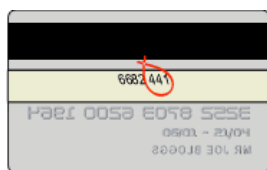
Designation: _____ Department: _____ Hospital: _____

Resident Year (pls circle): 1 / 2 / 3 / 4 / 5 / 6 / NA Email Address: _____

Contact Number: _____ (O) _____ (HP)

This is to certify that I, _____ (Credit cardholder's name), cardholder of

Card Type	Visa <input type="checkbox"/>	Master <input type="checkbox"/>	Amount: SGD 250 Fellows & Members of the Academy of Medicine, Singapore SGD 500 Local Participants SGD1000 Overseas Participants
Card Number			
Security / CVV Code *		Expiry Date (MM/YY)	



* Security Code

The card security code is a unique three or four-digit number printed on your debit/credit card. The number is not embossed on the card so that it cannot be printed on receipts - making it difficult for anyone other than the genuine cardholder to know it. Some cards, many UK-issued cards for example, have a three-digit number printed at the top of the signature strip on the reverse of the card.

Cardholder's Mailing Address

This should be the address to which your card statement is sent. It must match the address held by your card issuer exactly. If it does not, the retailer may decline your purchase, or defer acceptance of your payment and seek further proof of your address.

hereby authorize "**College of Surgeons, Singapore**" to charge a total amount of _____ to the above credit card for payment of registration for the *2nd Upper Limb Cadaveric Course*.

I understand and consent to the use of my credit card without my signature on the charge slip that my signature on this form will serve as the authorised signature.

Thank you.

Yours Sincerely,

(Cardholder's signature)

(Date)