2008 STANFORD-BERKELEY SUMMER SCHOOL
Synchrotron Radiation & Its Applications in Physical Science
Credit Card Payment Form

Date:

Attendee Information

Last Name: ____________________________
First Name ____________________________
Institution: ____________________________
Department: ____________________________
Address 1: ____________________________
Address 2: ____________________________
City: ____________________________
State/Province: ____________________________
Zip Code: ____________________________
Country: ____________________________
Phone: ____________________________
Fax: ____________________________
E-mail: ____________________________

Registration Type

☐ $145 - Local Participant
☐ $520 - Participant with Lodging

Credit Card Information

Credit Card Type: ☐ VISA ☐ MASTERCARD

Name of Credit Card Holder: ____________________________
(as shown on the card)
Billing Address 1: ____________________________
(complete if different from attendee information)
Billing Address 2: ____________________________
City: ____________________________
State/Province: ____________________________
Zip Code: ____________________________
Country: ____________________________
Credit Card Number: ____________________________
Expiration Date: ____________________________
CSC Number: ____________________________

Fax to the attention of Michelle Montalvo, fax number 650.926.8621
2008 STANFORD-BERKELEY SUMMER SCHOOL
Synchrotron Radiation & Its Applications in Physical Science