

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

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