

**CREDIT CARD PAYMENT REQUEST FORM**

Conference Name **SuperB Project Workshop and Proto-Collaboration Meeting IV**

Date **October 5-9, 2009**

Print Name \_\_\_\_\_

Email address\* \_\_\_\_\_

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

Card Security Code\*\* \_\_\_\_\_ Expiration Date \_\_\_\_\_

Registration Fee \_\_\_\_\_

Late Registration Fee \_\_\_\_\_

Social Fee \_\_\_\_\_

TOTAL AMOUNT \_\_\_\_\_

Signature \_\_\_\_\_

\*A receipt will be emailed to you after the charge has been processed.

\*\*The Card Security Code (CSC) is a 3- or 4-digit number printed in the signature field on the back of your credit card.

Item	Description	Fee Schedule
Registration fee	Registration fee for conference.	Early \$80 (before September 14, 09)  Late \$100 (on or after September 14, 09)
Dinner fee	Banquet	\$30 per person

**Please fax it to 650-926-5379.  
ATTN: Thanh Ly  
DO NOT EMAIL THIS FORM.**