

CREDIT CARD PAYMENT REQUEST FORM

Conference Name **TeV Particle Astrophysics 2009** _____

Date **July 13-17, 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 \$275 (before June 15, 09) Late \$350 (on or after June 15, 09)
Social fee	Required for all participant to attend Reception and Banquet	\$30 per person

Please fax it to 650-926-4229.

ATTN: Queenie Galvez

Questions: Thanh Ly (tkl@slac.stanford.edu) or 650-926-4496

DO NOT EMAIL THIS FORM.