**CREDIT CARD AUTHORITY FORM**

**­Please scan and email or fax completed form to:** **sally.brown@sallybcc.com.au Fax +61** **7 3201 2809**

**Name of Conference: (required field)**

**Name of Delegate attending: (required field)**

**Amount to be debited (required field)**

**CARD DETAILS (Visa or MasterCard only)**

**CARD NUMBER:**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**EXPIRY DATE:**

**NAME AS IT APPEARS ON THE CARD:**

**TYPE OF CARD:**

**SIGNATURE OF CARD HOLDER:**

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