

**CHIEF SCIENTIFIC OFFICER'S CONFERENCE  
TUESDAY 27 AND WEDNESDAY 28 NOVEMBER 2007**

**INSTRUCTIONS FOR CREDIT CARD PAYMENT OR GUARANTEE**

To guarantee your place at the Chief Scientific Officer's Conference and / or your accommodation booking we require you to provide your payment details. Please **DO NOT** send your debit or credit card details via email as security cannot be guaranteed.

You may send your credit / debit card details to us via the following methods:

**1. By Telephone**

If you would like to contact us by telephone to inform us of your credit / debit card details, please telephone +44 (0)1772 767757

**2. By Fax**

Please complete all the relevant fields on the credit card details form and ensure that the cardholder signs the form.

Please fax your form to our designated credit card fax line on **01772 767501**.

**3. By Post**

Please complete all the relevant fields on the credit card details form and ensure that the cardholder signs the form.

Please return your completed form marked **'Private & Confidential'** to:

Michelle Cairns  
CSO Conference 2007  
c/o Glasgows  
Customs House, Customs Way  
Preston  
PR2 2UW  
UK

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TUESDAY 27 AND WEDNESDAY 28 NOVEMBER 2007**

**CREDIT CARD GUARANTEE / PAYMENT FORM**

Sections marked \* are compulsory for completion

**Your Details**

Title:*		First Name:*		Surname:*	
Organisation:*					

*(Please ensure your organisation name matches the details supplied on your Registration Form)*

**Please indicate the purpose for which the credit / debit card should be used**

*(Please tick all that apply)*

I would like the card detailed below to be debited to pay my delegate fee of <b>£182.42</b> (£150 + VAT and 3.5% administration fee) for the CSO Conference 2007	<input type="checkbox"/>
I would like the card detailed below to be used to guarantee my accommodation at the CSO Conference 2007	<input type="checkbox"/>

**Cardholder Details**

Cardholder Name:*					
<i>(as it appears on the card)</i>					
Address:*					
Post Code:*					

**Card Details**

Type of Card:*																			
<i>(Mastercard / Visa etc)</i>																			
Card Number:*																			

Valid From: <i>(mm/yy)</i>		Expiry Date:*	<i>(mm/yy)</i>	
Issue Number <i>(if applicable)</i>		Security Number:*	<i>(Last 3 digits on signature strip)</i>	

Cardholder's Signature:*	
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Please return this form by post or fax to:

**PRIVATE & CONFIDENTIAL**  
Michelle Cairns  
Chief Scientific Officer's Conference 2007  
c/o Glasgows, Customs House, Customs Way, Preston, PR2 2UW, UK  
Fax: 01772 767501

**Please remember to keep a copy of your completed Payment Form for your records**