



Supplemental Form: Credit Card Payment

Note: this form is required for credit card payment only, and should be mailed/faxed along with the corresponding registration form. This form applies to both conference authors and non-authors. You need to fill out all the fields below.

Name: _____

Credit Card Number: _____ **Expiration Date:** _____

Credit Card Type: ____ MasterCard ____ Visa

Amount to be charged: _____

Name of Cardholder: _____

Billing Address: _____

Signature of cardholder: _____ **Date:** _____

Complete form must be mailed/faxed to:

- Zhiyong Xu
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