

REQUEST FOR PAYMENT BY DEBIT/CREDIT CARD

[Please send your application](#) to Mrs Cath Mckler
C/o ITU Office
The Royal Oldham Hospital
Rochdale Road
Oldham
O11 2JH

Application forms must be sent to the above address to be registered on the conference. Mention that you have paid by this method and include the reference number given to you.

Payment by Debit/Credit Card Contact:
Ring 0161 720 4866 Ms Ann Pilkington @ NMGH for Debit/Credit Facilities

Credit card payment will incur a charge. SO please pay by the debit card.

Card Details: -----

Name of Cardholder: -----

Cardholder Contact No: -----

Card Number (16/19 digits): -----

Valid from: -----

Expiry date: -----

Issue No (if applicable): -----

Security Code:
(Last 3 digits on back of card)-----

Cardholders Postcode: -----

House Number: -----

Amount of Transaction: £ ----- Debit/Credit

Date of Transaction: -----