

CREDIT CARD AUTHORISATION FORM
INTERNATIONAL CONGRESS OF MATHEMATICIANS 2010
19-27 AUGUST 2010, HYDERABAD - INDIA

KW Conferences Pvt. Ltd.
A-56/12, DLF Phase-I
Gurgaon, Haryana – 122 002, INDIA

Dear Sir,

AUTHORISATION TO DEBIT MY CREDIT CARD

In connection with my/our above ticked payment for ICM 2010, I hereby authorize KW Conferences Pvt Ltd, to Debit my VISA/MASTER, in equivalent Rupees. My CREDIT CARD details and other particulars are as under:

Purpose for which authorization given	<input type="checkbox"/> Conference Registration <input type="checkbox"/> Hotel Accommodation
Name as on the Card (Mr/ Mrs/ Ms)	
Card No	
Expiry date	
The sum of INR (Indian Rupee)	
Passport No./Drivers License No.	
Date of Birth:	
My current Card billing address is:	
Telephone number where I can be reached if required for card verification	
Conference Registration ID number (if known)	

- I enclose a copy of the front and back of my credit card, and a copy of relevant pages of my passport or driving licence or any other photo id card issued by a competent govt. agency as identification.
- I also confirm that this payment is irrevocable, and is an authorization for this transaction only.
- **KW Conferences Pvt Ltd** never stores any delegate's credit card data.

In lieu of my credit card imprint, I _____ hereby authorize KW Conferences Pvt Ltd to charge my above Credit Card for the amount shown above. By signing below, I acknowledge the charges described above. I understand that the above amount is subject to cancellation policies, which have been understood by me and undertake not to take a charge back for the above amount.

Card Holder's Signature

Date

**Please fill in the form with signature as on card, and fax to +91 124 410 2075
or scan and mail to icm2010@kwconferences.com**