



CONFERENCE PAYMENT FORM

Name of delegate:
Total Amount Payable: £

Payment Options

- Cheque/Bank Draft
Credit/Debit card
VISA MASTERCARD SWITCH/MAESTRO SOLO VISA DEBIT

CARDHOLDER DETAILS
Full Name
Address
Postcode
Contact Number
Cardholders Signature Date

Card Number:

Card number input field

Security Code: (last three digits on the reverse of card)

Security code input field

Month Year Month Year

Expiry date: Start date:

Issue No. (switch/solo only)

Issue number input field

Bank Transfer

For payment by this method contact Tara Smith

Return this form to: Tara Smith, Departmental Administrator - A4A6, Department of Mathematics, University of Leicester, University Road, Leicester, LE1 7RH, UK or Fax to: +44(0)116 223 1093