

CREDIT CARD PAYMENT REQUEST FORM

Conference Name ATLAS Trigger and DAQ Week Workshop

Date Nov 15 - 19, 2010

Print Name On Credit Card _____

Participant's Name if different from credit card _____

Email address* _____

Credit Card Number _____

Card Security Code** _____ Expiration Date _____

Registration Fee _____

Participant Name if different than card holder: _____

Signature for credit card approval _____

*A receipt will be emailed to you after the charge has been processed.

**The Card Security Code (CSC) is a 3- or 4-digit number printed in the signature field on the back of your credit card.

| Short Description | Long Description | Fee Schedule |
|-------------------|--|-----------------------|
| Registration fee | The workshop registration fee covers access to the workshop and coffee breaks. | \$150 per participant |
| Social fee | Reception and dinner fees required to participate. | \$150 per participant |
| | Please note: Registration is not considered complete unless the registration fee is paid. | |

Please fax it to 650-926-4229.
ATTN: Queenie Galvez

Questions: Thanh Ly (tkl@slac.stanford.edu) or 650-926-4496
DO NOT EMAIL THIS FORM.