



**Credit Card**

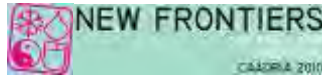
Please complete Credit Card Payment Authorization Form and send the **Credit Card Payment Authorization form along with the registration form** to us by fax at:

**FAX: +852 2603-5267**

or by **post**: *School of Architecture; The Chinese University of Hong Kong; Room 514, Wong Foo Yuan Building; Shatin, New Territories; Hong Kong SAR, China*

**[Note: Please quote "CAADRIA2010", your "PaperID#", Name & Contact on the envelop].**

## Credit Card Payment Authorization Form



Registering Name: \_\_\_\_\_  
Last name First Name

Title: Prof/ Dr/ Mr/ Ms/ Miss\* Paper-ID-Number: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**To: CAADRIA2010, School of Architecture, Chinese University of Hong Kong**

**Credit Card Payment of Registration Fee**

I hereby authorize the **Chinese University of Hong Kong** to debit the following credit card in the total amount indicated below for payment of the registration fee for the above mentioned person.

Paying Card member Name: \_\_\_\_\_ (as shown on card)

Paying Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Verification Code (CVC): \_\_\_\_\_ (on the back of the card)

VISA   MasterCard 

Total Amount to be debited: HK\$ \_\_\_\_\_

Paying Card member Contact: Tel.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ (as shown on card)

Date: \_\_\_\_\_