

信用卡付款授权书(信用卡订购单) Credit Card Cardholder Authorization

请填写以下数据后 E-mail 或传真至第十一届海峡两岸超声医学高端论坛秘书处
Please complete this form with BLOCK letter and return it to the secretariat via fax or email.

Email: sophysumroc@gmail.com | Fax: 886-2-2553-1759

本人据此授权第十一届海峡两岸超声医学高端论坛秘书处以如下所书之信用卡支付会议注册费用。
The cardholder hereby authorizes 第十一届海峡两岸超声医学高端论坛 to charge the undersigned's credit card, of which details are given below, for the conference registration.
All payments hereunder shall be made in New Taiwan dollars.

注册流水号 Registration No.	
持卡人姓名 Name of Cardholder	
消费金额 Payment Amount	*NT\$ _____ (currency exchange rate of CYN 1: NTD4.60) (1)人民币 1,200 元(新台币 5,500 元) (2)人民币 1,400 元(新台币 6,500 元)
消费内容 Payment Detail	第十一届海峡两岸超声医学高端论坛注册费
信用卡别 Credit Card	<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> JCB
信用卡卡号 Card Number	
信用卡有效期 Expiration Date (MM/YYYY)	
检查码 Card Validation Code	(信用卡签名栏后三码) (The last 3 digit in the signature area on the back of the card)
持卡人签名 Authorized Signature of Cardholder	(请与卡片背面签名一致) (same as signed on the back of the credit card)
消费日期 Date of Signature (MM/DD/YYYY)	
发票抬头 Invoice Title	
Date/Authorization Code	(由经手人员填写) (for staff only)
Remark	(由经手人员填写) (for staff only)

银行仅负责信用卡收费部分, 会议相关问题请洽第十一届海峡两岸超声医学高端论坛秘书处。The bank is only responsible for credit card charge processing, any inquires related to the congress please contact the congress secretariat directly.

第十一届海峡两岸超声医学高端论坛秘书处 / 陈辅缎小姐

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