

**2009 International Fraud Conference Credit Card Payment**



Attendee Name(s) \_\_\_\_\_

**VISA or Mastercard (Sorry no American Express)**  
(circle one)

Amount: \_\_\_\_\_ (\$390.00 CDN per Attendee, all taxes are included in this price)

Name on Card: \_\_\_\_\_

Expiry: Month \_\_\_\_\_ Year \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE SEND WITH REGISTRATION FORM.**

**FAX 416-808-7302 or by Mail**