

AUTHORISATION FORM FOR CREDIT CARD PAYMENT

I/We, _____ (Name) for _____
(Company's Name) hereby authorise GS1 Singapore Limited to debit the credit card account for the event GS1 Workshop for Healthcare dated on _____ (Date) for payment.

Category	Fees
GS1 SG Member	S\$99.00
SMF Member	S\$149.00
Public	S\$199.00

(All fees are inclusive of 7% GST)

_____ pax x _____ fees = S\$_____ (Total fees)

Credit Card Type: (Please select credit card):

Visa
 Mastercard

Credit Card Holder's Name:
(Underline Surname)

Credit Card Number:

Expiry Date (MMYY):

Country of Issuance:

Signature:

Company Stamp:

Information

Please complete and fax the authorisation form to 6826 3070 or email to: contact@gs1.org.sg