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| **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 **GS1 SG Seminar: Understanding US FDA UDI in the healthcare industry** event dated on 13 May 2016 for payment.   |  |  | | --- | --- | | Category | Standard Fees | | SMF/GS1 SG Members Rate | S$38.00 | | Regulatory Body/ Hospital Rate | S$48.00 | | Public Rate | S$68.00 |   *(All fees are inclusive of 7% GST)* \_\_\_\_\_ pax x \_\_\_\_\_\_\_\_\_\_\_ fees = S$\_\_\_\_\_\_\_\_\_\_\_\_ (Total fees)  **Credit Card Type: (Please select one)**:  Visa Mastercard   |  |  | | --- | --- | | **Credit Card Number:** |  | | **Card Holder’s Name:** |  | | **Expiry Date:** |  | | **Designation:** |  | | **Signature:** |  | |
| ***Information*** |
| Please complete the authorisation form and fax to **6826 3070** or email to: **contact@gs1.org.sg** |