McGill University
Division of Social & Transcultural Psychiatry
Summer Program in Social & Cultural Psychiatry

CREDIT CARD PAYMENT

Authorization Form

I, ____________________________________ (print name clearly), authorize the Division of Social and Transcultural Psychiatry of McGill University to use my credit card to pay for registration for the summer program.

Credit Card: __ MasterCard __ Visa Amount: _____________ (Canadian Funds)

Card #: ____________________________________ Expiry Date:_______ ______
Month/Year

Cardholder: ____
(Name as it appears on credit card)

Billing Address: ____

____

Signature: Date: _______________________
Day/Month/Year

B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

Return completed form by:
Fax: 514-375-1459
E-mail: tc.psych@mcgill.ca

Note: You can find the electronic dynamic version of this form on our web page: http://www.mcgill.ca/tcpsych/training/summer/