



Institute of Chartered Accountants of The Caribbean

## 35th Caribbean Conference of Accountants

June 22-24, 2017 | Guyana Marriott Georgetown, Guyana

### Credit Card Authorization Form

Name: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact information: Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card: VISA                      Master

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Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount in US\$: \_\_\_\_\_

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

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#### General Condition:

By filling out this form, you give the Institute of Chartered Accountants of Guyana the permission to charge your credit card on your behalf. Your credit card information is needed to complete the payment of your conference registration fee. All forms must be filled out clearly and accurately to enable us to process your request promptly.