



MMS Conferencing & Events Ltd
Suite 420
28 Old Brompton Road
London SW7 3SS

Credit Card Authorisation Form

Name of Conference Payment is for: _____

Name of Delegate Payment is for: _____

Card Holder's Name: _____

Billing Address: _____

Type of Card (please delete as appropriate):

AMEX VISA MASTERCARD DELTA SWITCH

Card Number: _____

Start Date: _____ Expiry Date: _____ Issue No. (Switch only): _____

Security Code (last 3 numbers on the back of the card): _____

Amount to be Charged: _____ Currency: _____

Card Holder's Signature: _____ Date: _____

Please either mail this authorisation to:

MMS Conferencing & Events Ltd;
Suite 420;
28 Old Brompton Road;
London SW7 3SS;

or fax it to +44 (0)20 75945805.