

**SECOND INTERNATIONAL  
DRUG HYPERSENSITIVITY CONFERENCE**  
**18<sup>TH</sup> – 21<sup>ST</sup> APRIL 2006**



**CONFERENCE FEE PAYMENT FORM- CREDIT/DEBIT CARD PAYMENT**

Please complete the form by typing in your details then print off the form and fax or mail it to the address below:

**Title:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial(s):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I wish to pay by: ☐ **Credit Card** ☐ **Debit Card**

My Credit/Debit Card details are as follows:

<b>Card Type</b> (please tick one <input checked="" type="checkbox"/> )	<input type="checkbox"/> <b>Mastercard</b>	<input type="checkbox"/> <b>Visa</b>	<input type="checkbox"/> <b>Visa Debit</b>	<input type="checkbox"/> <b>Switch</b>
--	--	--------------------------------------	--	--

<b>Card Number:</b>	<b>Expiry Date</b>	<b>Issue</b>
<b>Start Date</b>	<b>(dd/mm/yyyy):</b>	<b>Number</b>
<b>(dd/mm/yyyy):</b>		

---

**Signature:** \_\_\_\_\_

***Payment Details***

		Tick one <input checked="" type="checkbox"/>
Industrial Delegate Fee	(£ 400)	<input type="checkbox"/>
Delegate Fee	(£ 300)	<input type="checkbox"/>
Reduced Student Fee	(£ 200)	<input type="checkbox"/>

---

**AMOUNT PAYABLE** **£** \_\_\_\_\_

**Give details of any specific requirements including dietary requirements (e.g. Vegetarian)**

---

Please note that the registration fee includes the cost of lunches, teas, coffee and the Gala dinner.

**PLEASE COMPLETE THE FORM AND SEND BY FAX OR MAIL TO:**

**Nicola Gilmore (DHC 2006)**

Conference Office, The University of Liverpool,  
Greenbank Conference Park,  
Derby and Rathbone Hall,  
North Mossley Hill Road,  
Liverpool, L18 8BH

United Kingdom Telephone: 0044 151.794.6440 Facsimile: 0044 151.794.6520

**Once we have received payment confirmation will be sent to you.**