**Credit Card Payment Authorization Form**

Please fill in this form in English and sign. Return it via Fax: (852) 2145 7237 or Email (the scanned copy): wfnrgadcd2014@cuhk.edu.hk.

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| **Personal Information**  |
| Title | [ ]  Professor [ ]  Doctor [ ]  Mr. [ ]  Ms. [ ]  Mrs.  |
| Gender | [ ]  Male [ ]  Female  |
| Surname/ Last Name |       |
| First Name |       |
| Email |       |
|  |  |
| **Payment Information** |
| Card Type | [ ]  Visa [ ]  Master  |
| Cardholder Name |       |
| Card Number |       |
| Expiry Date *(mm/yyyy)* |       | / |       |
| Amount ***(HKD only)*** |       HKD |
| Signature |                 |

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| **No refund will be made once the payment is confirmed** |