



Providence University

International Conference and Workshop on

Experiential Approach to Consumer Decision Making(ICWEACDM)

CREDIT CARD AUTHORIZATION FORM

Name of Cardholder :

Contact Phone Number:

Address:

Email address:

Card Information:

Credit Card: VISA MASTER JCB

Card Number: _____ - _____ - _____ - _____

Card Expiry(mm/yy): _____ / _____

Card Security Code*: _____

*The Card Security Code (CSC) is a 3-digit security code that is printed on the back of your Visa or MasterCard.

Amount of Payment: US\$ _____

With this letter of authorization, I hereby agree to pay Providence University for my participation in the ICWEACDM with my credit card.

Signature of Cardholder:

Date:(mm/dd/yy)

Note: Please return completed form to:

Fax: +886-4-2631-1187

E-mail: Chen, Zhiyang s1041855@gm.pu.edu.tw