





**Please complete if paying by credit/debit card -**

Card Type: Mastercard / Visa / Delta / Switch / Other (please specify) .....

Card No: ..... / ..... / ..... / .....

Start Date: .....

Expiry Date: .....

Issue No: (if applicable) .....

Name & Address of Card Holder: (if different from overleaf)

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Signature: ..... Date: .....

**Please complete if you would like us to invoice your school/college/employer**

Official Order No: .....

Contact Name: ..... Telephone No: .....

Address: .....

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Please send the completed form to:  
**Patoss Ltd**  
**Conference Administrator, PO Box 10, Evesham, Worcs. WR11 1ZW**  
**Tel: 01386 712 650 Fax: 01386 712 716**