



**SNOLAB Workshop  
Lively, Ontario, Canada  
October 4, 5, 2008  
Visa Payment Form**

Last Name:	First Name:	Initial:
------------	-------------	----------

Address:
----------

City:	Province/State:
-------	-----------------

Postal/Zip Code:	Country:
------------------	----------

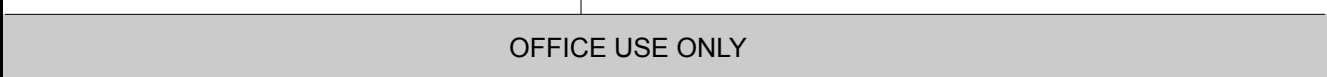
Home Phone Number:	Work Phone Number:
--------------------	--------------------



Payment Type (Check One):	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>	Amex <input type="checkbox"/>
---------------------------	--------------------------------------	-------------------------------	-------------------------------

Card Number:	Expiry Date: / mm yy	Amount: (CAD)
--------------	-------------------------	------------------

Name of Cardholder:	Signature of Cardholder:
---------------------	--------------------------



Account Number:	Department:
-----------------	-------------

Name:	Phone Number:
-------	---------------