



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

Last Name:	First Name:	Initial:
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Address:

City:	Province/State:
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Postal/Zip Code:	Country:
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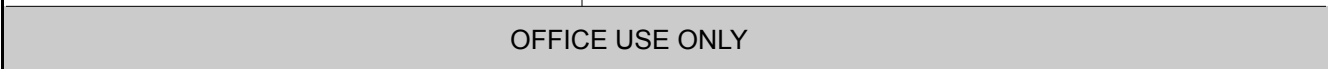
Home Phone Number:	Work Phone Number:
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Payment Type (Check One): Master Card Visa Amex

Card Number:	Expiry Date: / mm yy	Amount: (CAD)
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Name of Cardholder:	Signature of Cardholder:
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Account Number:	Department:
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Name:	Phone Number:
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