

**Mail Order**

**Section 1**

Department Name: Department of Physics & Astronomy

Contact Name: Christine Johnston

Telephone Number: +44 20 7679 3943

Fax Number: +44 20 7679 7145

Amount: £          .      

Payment for: (a full description is required)

Registration fee for ATLAS Trigger/DAQ workshop 18<sup>th</sup>-23<sup>rd</sup> September 2006

Departmental account code: CJ2J Analysis Code H6JH VAT Code 0

**Section 2**

Method of Payment (tick one):

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Maestro	<input type="checkbox"/> Maestro UK
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**Under no circumstances must American Express be accepted.**

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiry Date (mm/yy):    /   

Card Issue Number (if applicable):   

Signature of cardholder: \_\_\_\_\_

**Section 3**

Details confirmed by Department: \_\_\_\_\_

Date : \_\_\_\_\_

**Section 4**

**For action by Financial Services Office (Ext 32573) :-**

Received: \_\_\_\_\_ Mail Order/CSC/AVS

Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_ FSO Stamp

Receipt No: SN \_\_\_\_\_

\_\_\_\_\_  
This section will be destroyed once payment has been processed.

**Section 5**

Card Security Code:         

Full Postal Statement Address of Cardholder:

\_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_