



**CARIBBEAN PUBLIC HEALTH AGENCY (CARPHA)**  
**62<sup>nd</sup> Annual CARPHA Health Research Conference**  
**April 27-29, 2017**  
**Guyana Marriott Hotel Georgetown**

**Credit Card Authorisation Form**

This form has been created in order to allow you to have **(CARPHA) conference fees** charged to your credit card. Please provide all the information requested below along with a copy of a valid form of identification to ensure prompt processing of registration fees. We ask that you sign and date the form before submission. Please fax or email the signed form to CARPHA at 868-622-2792 or [finance-conference@carpha.org](mailto:finance-conference@carpha.org). If you have any problems please call 868-622-4261. Please include your contact information in the space provided.

<b>Card Holder Information (Name as it appears on the credit card)</b>			
--	--	--	--

<b>Card Type</b>	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	
Account Number:	Expiry Date:		

<b>Name-if different from card holder</b>			
---	--	--	--

<b>Address:</b>			
-----------------	--	--	--

<i>Street Address</i>			

<i>City/Town</i>		<i>Country</i>	
------------------	--	----------------	--

<b>Phone (include country code):</b>			
	<i>Office</i>	<i>Fax</i>	<i>Mobile/Alternate</i>

<b>Email Address:</b>			
-----------------------	--	--	--

**PAYMENT INFORMATION**

Registration Fee	Paid on/or before 20 March 2017	Paid after 20 March 2017
<b>Delegates (includes Awards Banquet):</b>	<b>US\$450.00</b>	<b>US\$500.00</b>
<b>Health Sciences Students:</b>	<b>US\$150.00</b>	<b>US\$180.00</b>
<b>Awards Banquet:</b>	<b>US\$125.00</b>	<b>US\$125.00</b>
<b>Exhibitor</b>	<b>US\$2,500.00</b>	<b>US\$2,500.00</b>

**Authorisation:**  
 I certify that all information is complete and accurate. I hereby authorize Caribbean Public Health Agency to collect payment for all charges as indicated in the payment information section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

**Cardholder Name: (BLOCK LETTERS):**

**Cardholder Signature:**

**Date:**

*Credit card payments forms can be submitted by:*  
**EMAIL: [finance-conference@carpha.org](mailto:finance-conference@carpha.org) or FAX (868) 622-2792**