

## Registration/Payment Form

# Visual Computing Graduate School 2010

6<sup>th</sup>-9<sup>th</sup> April 2010, Swansea University



### Participant's personal details

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
Post Code	<input type="text"/>	Country	<input type="text"/>		
Tel No	<input type="text"/>	e-mail address	<input type="text"/>		

### Participant's Affiliation

### Payment Amount

Early registration (on or before 06/03/10): £ 200

Late registration (on or before 31/03/10): £ 250

*Registration fees include lunch (6-9), dinner (6-8), tea/coffee (6-9), and social events.*

**Enter the total amount:**

RIVIC payment code, if applicable: .....

Four different payment methods are offered: Sterling Cheque, Purchase Order, Bank Transfer, and Credit/Debit Card. In all cases registration will not be confirmed until payment is received.

### Select payment methods (tick appropriate check box)

#### By Sterling Cheque

Please return this completed form to the address on this form with a sterling cheque for the total amount. The cheque should be made payable to "Swansea University", and write the following reference number on the back of the cheque: **RIVIC10**

#### Invoice Your Institution

Please return this completed form to the address on this form with a purchase order from your company/institution. If not otherwise instructed we will send the invoice to the participant's address given on this form.

#### Bank Transfer

**Important:** please quote reference number **RIVIC10**

Beneficiary Name: Swansea University  
Bank Name: Lloyds TSB Bank Plc  
Bank Address: PO Box 66, Swansea  
Sort Code: 30-95-46  
Account No.: 02783215

#### Credit/Debit Card Payment

Please fill in the form on the next page.

For card payment:

**PLEASE ENSURE THAT ALL BOXES ARE COMPLETED WHERE APPROPRIATE.**

I authorise Swansea University to take payment.

**CREDIT/DEBIT CARD DETAILS** (Please tick as appropriate)

VISA

SOLO

MASTERCARD

VISA DELTA

MAESTRO

VISA ELECTRON

*(No other cards can be accepted)*

NAME AS STATED ON CARD: .....

BILLING ADDRESS OF CARDHOLDER:

.....

.....

POSTCODE.....

COUNTRY.....

CARD NO:

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VALID FROM (MM/YY): ..... EXPIRY DATE (MM/YY): .....

ISSUE NO: ..... (For Maestro/Solo/Electron ONLY)

**CARDHOLDERS SIGNATURE:** ..... **DATE**.....

If receipt is required, please provide correspondence address:

.....

.....

***Please fax or post the payment form to:***

**FAO: Dr. Jason Xie**  
Swansea University  
Department of Computer Science,  
Faraday Tower 3<sup>rd</sup> Floor,  
Singleton Park, Swansea SA2 8PP UK

Email: x.xie@swansea.ac.uk

**Fax:** +44 (0)1792 295708

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