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ABN 76601970610

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Australasian stroke academy to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. An invoice will be sent to the email address below once the payment has been approved.

24th and 25th August 2019

Registration costs are inclusive of morning tea, afternoon tea and lunch. Please select below :

Non Member \$250.00 ☐ Non Member Trainee \$200.00 ☐

ASA Member \$200.00 ☐ ASA Member & Trainee \$150.00 ☐

Please complete the information below:

I _____ authorize Australasian stroke academy to charge my credit card
(full name)
account indicated below for \$_____gst inclusive, on or after _____. This payment is for the
(date)

Australasian stroke academy conference held on the 24 and 25 August 2019, Westin Hotel Brisbane.

Name of register _____

Billing Address _____ (Po Box not accepted) Phone# _____

City, State, Zip _____ Email _____

Account Type: ☐ Visa ☐ MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

SIGNATURE _____ DATE _____

Please email this form back to: contact@strokeacademy.com.au

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.