

Registration/Payment Form

RIVIC 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: £ 250

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**

Bank Name: Llyods 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	<input type="checkbox"/>	SOLO	<input type="checkbox"/>
MASTERCARD	<input type="checkbox"/>	VISA DELTA	<input type="checkbox"/>
MAESTRO	<input type="checkbox"/>	VISA ELECTRON	<input type="checkbox"/>

*(No other cards can be accepted)*

NAME AS STATED ON CARD: .....

BILLING ADDRESS OF CARDHOLDER:

.....  
.....

POSTCODE..... COUNTRY.....

CARD NO:

--	--	--	--	--	--	--	--	--	--	--	--	--

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

**Tel:**+44 (0) 1792 602916