

# OFFLINE PAYMENT FORM

To: Conference Management Office  
c/o Integrated Meetings Specialist Pte Ltd

Fax: (65) 6356 7471

## PERSONAL PARTICULARS

Conference Name		Registration User ID	
Surname / Last Name		Given / First Name	
Organization			
Address			
Country / State		Telephone No.	
Postal Code		Fax No.	
Email			

## BEING PAYMENT FOR

Payment Details	Please Select	Amount to Charge (please indicate currency)
Top up of registration fee	<input checked="" type="radio"/>	
Top up of hotel reservation payment	<input type="radio"/>	
Others (please state): _____	<input type="radio"/>	

## PAYMENT MODE

Visa       Mastercard

Card Holder's Name			
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date (MM/YY)		CCV Code	
Signature			

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### FOR OFFICIAL USE:

Processed by		Date	
Remarks (if applicable)			