

Print out this page and fill out the credit card information together with your signature. Then, fax it back to Ms. Glaziel Kae Tagamolila fax no: +66-2-524 6618

Full Name :

Credit Card No. :

Expiry Date :

Three Digit Code (please refer at the back of the card) :

Type of Credit Card : () Master Card () VISA

Email :

Tel./Fax Number :

Payment Method :

Total Charge : USD

I agree to let interERLab / AIT charge the above mentioned amount from my credit for my registration to

[Note: Accommodation were not included on total charge.]

Signature :

Date :