McGill University
Division of Social and Transcultural Psychiatry
Summer Program in Social and Cultural Psychiatry

CREDIT CARD PAYMENT

Authorization Form

I,_____(print name clearly), authorize the Division of Social and Transcultural Psychiatry of McGill University to use my credit card to pay for registration for the summer program.

Credit Card: MasterCard ☐ Visa ☐ **Amount:** _____
(Canadian Funds)

Card #:_____ **Expiry Date:** _____
Month/Year

Cardholder: _____
(Name as it appears on credit card)

Billing Address:

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Signature: _____ **Date:** _____
Day/Month/Year

Return completed form by Fax, in person or by regular mail to:
Division of Social and Transcultural Psychiatry
Department of Psychiatry
McGill University
1033 Pine Ave. West
Montréal (Québec)
Canada H3A 1A1
Fax: (514) 398-3282

For security reasons, please do not send your credit card information electronically (email, instant message, scanned document, etc.). Sending a fax is secure.

Note: You can find the electronic version of this form on our web page:
http://www.mcgill.ca/tcpsych/training/summer/