



**McGill University  
Division of Social & Transcultural Psychiatry  
Summer Program in Social & 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:"** \_\_\_\_\_ "1" \_\_\_\_\_  
Month/Year

**Cardholder:** \_\_\_\_\_  
(Name as it appears on credit card)

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_  
Day/Month/Year

**Return completed form by:**  
Fax: 514-375-1459  
E-mail: tc.psych@mcgill.ca

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