



**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 & 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:** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
dd/mm/yyyy

**Return completed form by OCK**<  
 Division of Social and Transcultural Psychiatry, Department of Psychiatry  
 McGill University  
 1033 Pine Avenue West, Montreal, Quebec, Canada, H3A 1A1  
 Room 135

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

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