McGill University
Division of Socialand 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)

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Signature: _____ Date: _____
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Return completed form by fax, in person or by regular mail to:
Division of SocialandTranscultural Psychiatry
Department of Psychiatry
McGill University
1033 Pine AveWest
Montréal (Québec)
Canada H3A 1A1
E.05/F-mail: (001)514-398-1JMti61 /1.(H)5(3A)5(e/1.( )Tj .16 -1.633A)52M]1 /1.])a(32JMti-11(e

http://www.mcgill.ca/tcpsych/training/summer/