The Royal College of Pathologists
Credit Card Payment Form - Clinical Scientist Registration

Please complete this form in block capitals, in blue or black ink.

Full Name: _____

Name on card if different from above _____

Address of cardholder _____

_____

_____

_____

_____

Please charge my credit card account *(tick one box)*

☐ MasterCard ☐ MasterCard debit ☐ Visa credit

☐ Visa debit ☐ Maestro

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Security code (the last 3 digits found on the signature strip of the card) ☐☐☐

Valid from: ☐☐ / ☐☐ Expiry Date: ☐☐ / ☐☐ Maestro card issue no: ☐☐

I authorise you to charge the following to my credit card account:

Annual trainee registration fee for 2015/2016: £169 ☐

Signature _____ Date _____

For office use only:

Please return this completed form to the Training Department

The Royal College of Pathologists, 4th Floor, 21 Prescot Street, London, E1 8BB