

AUTHORIZATION FORM FOR CREDIT CARD PAYMENTS

Puerto Rico Neuropsychoanalysis Workshop

November 2nd and 3rd, 2018 Important: Workshop will be in English

Participant full name:	
Phone number:	
Email address:	
Cardholder name (as shown on card):	
Credit card number:	
Credit card type: MasterCard Vis	ra
Expiration date (mm/yy):	
Cardholder zip code (from credit card billing a	address):

I hereby authorize <i>Ponce Health Sciences University</i> to charge to credit card described		
above the fo	llowing:	
Early fee:	\square \$60 (Students, PostDocs, and Residents) :	
	☐ \$120 (Professionals and General Public)	
	(payments on or before September 30,2018)	
Late fee : \Box \$90 (Students, PostDocs, and Residents) :		
	\square \$150 (Professionals and General Public)	
	(payments after September 30, 2018)	
Cost above includes: workshop for both days and Certificate provided by International		
Neuropsychoanalysis Society. CE Credit cost is additional and may be paid on the same		
date of event		
Credit card	holder authorized signature: Date:	
Please submit completed form to PRNPSAworkshop@psm.edu or by fax to 787-984-5507		