

CCRMA WORKSHOPS 2002 / Credit Card Payment Form
(VISA & MasterCard only)

Workshop Participant Name: _____

Charges:

_____ Workshop Deposit Fees (\$100 for each workshop)

_____ Remaining Balances (workshop fees only, not housing)

_____ Total (US\$)

VISA [] MasterCard [] Credit Card Number: _____

Name as it appears on card: _____ Expiration Date: _____

Billing Address: _____

Signature: _____

By signing this form, you authorize Stanford University to apply the charges above to your credit card account. The charge will appear on your credit card statement as "Stanford RCVBLE ACCTG".

Please mail this form to:

CCRMA Workshops
Department of Music
Stanford University
Stanford, CA 94305-8180, USA

Phone: (650) 723-4971, ext. 300
Fax: (650) 723-8468

If you choose to fax this form, you do so at your own risk. CCRMA will accept no liability for faxed or emailed credit card information. You may also choose to phone your credit card information to Vibeke Cleaver at the number listed above.