

**CREDIT CARD PAYMENT DETAILS – Visa or Mastercard only**  
**Australian Residents only**

Credit card payment – VISA [ ] MASTERCARD [ ] (Please tick one)

Card No. \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_

AMOUNT \$ \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

*Contact Details:*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone No \_\_\_\_\_

Mail to: The Australian Centre for Egyptology  
Faculty of Arts  
MACQUARIE UNIVERSITY NSW 2109

<p><b>Office Use Only</b></p> <p>Receipt/s No/s .....</p>
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