

CREDIT CARD PAYMENT DETAILS – Visa or Mastercard 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

Office Use Only
Receipt/s No/s