

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: _____

Contact Details:

NAME: _____

ADDRESS: _____

State: _____ Postcode: _____

Mail to: The Australian Centre for Egyptology

Faculty of Arts

MACQUARIE UNIVERSITY NSW 2109

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