



**PAYMENT FORM**

[ PLEASE PRINT CLEARLY ]

**CREDIT CARD INFORMATION**

ATTENDEE NAME //

CREDIT CARD TYPE //                      VISA                      MASTER CARD

CREDIT CARD NUMBER //

EXPIRATION DATE //

NAME ON CARD //

BILLING ADDRESS //

street address

city

state

postal code

country

phone number

AMOUNT //

AUTHORIZATION SIGNATURE //

**PAYMENT INSTRUCTIONS**

Please mail completed form to:

Xianli (George) Qiao  
University of Michigan  
1029 Dow  
Ann Arbor, MI 48109-2136  
+1.734.763.5295

