



Critical Assessment of Microarray Data Analysis

CAMDA'06 Credit Card Payment Form

Note: Please PRINT CLEARLY or TYPE all information on this form using blue or black ink.

Name on card: _____

Name and email address of person to contact if there is a problem:

Type of card: (Please circle one of the following. At this time we do not accept AMEX or Discover cards)

MasterCard

VISA

Credit Card Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _

Date of Expiration: _ _ / _ _ _ _
(mm/yy)

Amount to be charged: \$_____

Billing Address: _____

Signature: _____

Name of Attendee: _____

(Please PRINT the attendee's name)

Please fax this form to CAMDA registration at (919) 681-3494

We must receive your registration fee by June 5, 2006 to confirm your seat. There will be NO registrations or registration payments accepted at the door. After registration has been received and your reservation has been confirmed by email, there will be a \$50.00 cancellation fee. There will be NO refunds for cancellations after June 1, 2006.

Voice: (919) 668-3412

Fax: (919) 681-3494

camda@mc.duke.edu