4TH WORLD CONGRESS

Mental Health and Deafness 2009

METHOD OF PAYMENT

☐ I have enclosed/will forward a cheque made payable to _____

☐ I wish to pay by credit card (include bank credit card charges) as per the total above to be debited to:

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Credit Card Number / / /

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Application Forms may be faxed, mailed or emailed to the contact below:

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