



Caribbean Cytometry and Analytical Society
C/o Chronic Disease Research Centre
Jemmotts Lane
St. Michael
Barbados
West Indies

Credit Card Charge Authorization Form to guarantee your hotel room reservation

Instructions

First, please make sure to complete the registration form at www.ccas2017.org.

Note that you will not be charged for the room reservation at this time, but your credit card information will be used by Almond Beach Resort to reserve your room.

Your Details

Please complete the details below for the Conference attendee to allow us to match your payment to the registration you submitted online.

First Name: _____

Last Name: _____

Phone: _____

Email: _____

Payment Details

Please enter your payment details below. Select the same registration type you selected when submitting the registration form online at www.ccas2017.org

Credit card type: Visa Mastercard

Name as it appears on card: _____

Card Number: _____ Exp. Date (MM/YY): _____

Date of arrival: _____ Date of departure _____

US\$ 180.00 per night single occupancy

US\$ 230.00 per night double occupancy Total US\$ _____

These rates are inclusive of Room / Meals and All taxes

Billing Address: _____

Signature: _____

If you have any questions concerning the form completion, please contact the CCAS secretary:

Email- ccassecretariat@gmail.com, Tel-1-246-836-0670

When complete please send to CCAS via fax: +1-246-426-8406 or email: ccassecretariat@gmail.com