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**Credit Card Payment Form**

For your convenience, we accept most major credit cards for your sponsorship fee. Simply complete the form below, detach and mail it to the [**aclclp@aclclp.org.tw**](mailto:aclclp@aclclp.org.tw) or fax to **+886-2-2788-1638** with your **IJCNLP 2017 Sponsorship Application Form**. The credit card account will be charged the day it is received. **Please note, the credit card statement will reflect the payment as being made to ACLCLP**. Remember, sponsorship fees are non-refundable. We hope this service may be of assistance to you. Please check all information carefully.

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Credit card information:** |  |  | MasterCard |  | VISA |  |  |  |  |   **Card number:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | **－** |  |  |  |  | **－** |  |  |  |  | **－** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Expiry date:** |  |  | **/** |  |  | **(M/Y)** |  | **3-digit code:** |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Total amount for sponsorship fee of IJCNLP 2017: NTD$** |  |  |  |  |  |  |   **Card holder’s name: (Please print as appears on the card)**   |  |  |  | | --- | --- | --- | |  |  |  |   **Credit Card billing address:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | City: |  | | Post code: |  | Country: |  | |  | | | | | | | | Phone number: | |  | | | Email: |  |  |  |  |  |  | | --- | --- | --- | --- | | **Holder's Signature:** |  | **Date:** |  | |

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| **Bank transfer information** |
| **Beneficiary Bank Name:** TAIPEI FUBON COMMERCIAL BANK NAN-KANG BRANCH  **Beneficiary Bank Address :** 19-5, San Chung Road Nan Kang Dist Taipei Taiwan  **SWIFT Code :** TPBKTWTP420  **In Favor of:**  Beneficiary Account Name: **ACLCLP**  Account Number: **420-221-04216-5**  Telephone No. of Beneficiary: **886-2-27883799 ext. 1502** |

Please call **Miss Huang** at **886-2-27883799 ext. 1502** or email [**aclclp@aclclp.org.tw**](mailto:aclclp@aclclp.org.tw)with any questions or concerns.