## **Pre-booking Form**

Name:	
Address:	
Code:	
Tel. Home:	Tel. Work:
Tel. Mobile:	Tel. Fax:
E-mail:	
Date of telephone booking:	
Credit Card Payments	
Credit	Card Payments
I hereby authorise Scifest Africa to debit my debit/credit card as follows:	
Name on card:	
Amount:	
Card number:	CCV number:
Card expiry dat	e: Visa Mastercard Other:
Cardholder's si	gnature: Date: