## The Hospital for Sick Children OBSERVER CREDENTIALING FEE

- Return	e provide all information below n payment authorization below entialing fees are not refundable	
	Please Print Clearly	
VISA, MasterCard	or American Express Payment Authorization	
I authorize The Hosp	oital for Sick Children to charge my:	
$\square$ $\square$ $_{VISA}$	☐ ☐ MasterCard ☐ ☐ American Express	
Account No:		
Account Expir	y Date:    /	
Cardholder's N	Name:	
Total Amount	to Charge: \$175.00 (Canadian Funds)	
SIGNATURE OF CA	RDHOLDER REQUIRED:	
Cheque (\$10 No.) (Canadian Funds	SF applicable) International Money Order or Bank Draft Only) (Canadian Funds Only)	ť
Please make payab	le to: The Hospital for Sick Children	
Total Amount: \$175.0	<b>0</b> (Canadian Funds)	
	For Credentials Office Use Only	
Name:		
Method of Payment:		
Department:		
Cost Centre:		
Total Amount:		