The Hospital for Sick Children OBSERVER APPLICATION FEE

Instructions to Applicant:	- Return payment author	orization below	
	- Application fees are r	ot refundable	
	Please Print Clearly		
VISA, MasterCard or An Payment Authorization	-		
I authorize The Hospital fo	r Sick Children to cha	rge my:	
□ VISA	MasterCard	American Express	
Account No: _	_		_
Account Expiry Date	: /		
Cardholder's Name:			
Total Amount to Cha	rge: \$100.00 (Canadian	Funds)	
SIGNATURE OF CARDHO	LDER REQUIRED:		
Cheque (\$10 NSF ap (Canadian Funds Only)	-	ational Money Order or Bank D lian Funds Only))raft
Please make payable to:	The Hospital for Si	ick Children	
Total Amount: \$100.00 (Can	adian Funds)		
	For Credentials Offi	ce Use Only	
Name of Applicant:			
Method of Payment:			
Danagtwant			
Cost Centre:			
Total Amount:			