

# McConnell Brain Imaging Centre

## MEG@McGill Training Payment Information

Fees for the **Spring 2017** courses are as follows:

5-day course McGill - \$1000 CAD

5-day course Non-McGill - \$1200 CAD

1-day course McGill - \$50 CAD

1-day course Non-McGill - \$100 CAD

2-day Brainstorm Training Workshop Students - \$200 CAD

2-day Brainstorm Training Workshop Faculty and Staff - \$300 CAD

Payment can be made by check, credit card or McGill FOAPAL.

### **Checks should be made payable to:**

McGill University, McConnell Brain Imaging Centre.

Send to:

Montreal Neurological Institute

McConnell Brain Imaging Centre

c/o Helene Day

3801 University St.

Montreal, QC H3A2B4

Please send proof of payment to [elizabeth.boock@mcgill.ca](mailto:elizabeth.boock@mcgill.ca). This includes the check number and the date the check was sent.

### **For payment by credit card:**

Call (514)398-6056 Monday-Friday, 09:00-16:00 EST

OR

Complete the Credit Card Authorization form (below) and send to our secure fax at (514)398-2894

### **For payment by FOAPAL:**

Complete the FOAPAL authorization form (below) and return a copy to the MEG program or email to [elizabeth.boock@mcgill.ca](mailto:elizabeth.boock@mcgill.ca)

# McConnell Brain Imaging Centre

## Credit Card Authorization Form

I hereby authorize McGill University to debit by credit card:

☐ Discover

☐ MasterCard

☐ VISA

☐ American Express

Account Number:

/     /     /

Expiration Date:

\_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Amount(\$)

\_\_\_\_\_

Name on Card:

\_\_\_\_\_

Reason:

\_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Due to the sensitive nature of this information, please submit payment by one of the following:

- Return the completed form in person to the Brain Imaging Centre (MEG Lab, NWB216)
- Send the completed form to our secure fax (514.398.2894)
- Submit the information by phone (514.398.6056)

**DO NOT return by email**

# McConnell Brain Imaging Centre

## FOAPAL PAYMENT AUTHORIZATION

Training  
registrant:

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Training course:

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Fee Amount (\$)

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FOAPAL  
Number:

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(must include both Fund and Organization)

Principal Investigator:

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Principal Investigator  
Signature:

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