

CREDIT CARD FORM

After filling in and printing out this form, please send it
to the ECC'09 Local Secretariat

*Eva Thiry, SCOPE Meetings Ltd.
H-1111 Budapest, Kende u. 13-17., Hungary; fax: +361 386 9378*

I authorise the **ECC'09 Local Secretariat** (Scope Meetings Ltd.) to charge
the amount of **EUR** to my credit card listed below.

Personal data

Surname/Family name First name

Phone (*incl. country code*)

E-mail

Credit card data

EuroCard/MasterCard

Visa

Card number

Expiration date (mm/yy)

CVV code

(Last 3 digits of the security code on the back side of the card.)

Cardholder's name

Cardholder's address

Date: Cardholder's signature: