

Authorization to Debit Credit Card to ASI SPIN - Praha - 2003

TO BE SENT BY FAX: +420-221-912-567

Charles University Praha, Faculty of Mathematics and Physics
SPIN - Praha - 2003

Credit card holder name:

Credit Card Type (MC, Visa, Am Express):

Credit card number:

Expiration Date:

Control Code*:

Registration Fee:

Number of Strolling Buffet tickets:

Total Charge:

(Registration Fee: participant 230 EUR, accompanying person 50 EUR, strolling buffet 30 EUR per ticket)

Billing address:

Country:

CANCELLATION CONDITIONS:

15% processing fee will be charged in case of cancellation

* = The three digits number printed on the back of your card after your credit card number. Since 01-04-2001 this has to be mentioned, as it is a new procedure of VISA and EURO/Mastercard. Please contact them in case of any questions. The number doesn't have to be included when you have an American Express card.

I hereby certify that my signature is proof of my acceptance of the above charge and following conditions.

Date:

Signature: