

PAYMENT BY CREDIT CARD

Please write legibly

TO : IHPST

COLLOQUE : HOPOS 2006

DATE : June 14-18, 2006

FROM (name, first name and address) :

AMOUNT PAID (**IN EUROS**) :

CREDIT CARD ISSUER : VISA MASTERCARD EUROPCARD (*circle the right answer*)

CREDIT CARD NUMBER :

EXPIRATION DATE :

CARDHOLDER'S NAME :

CARDHOLDER'S SIGNATURE :

DATE :

NOTE : PAYMENT CANNOT BE PROCESSED WITHOUT THE CARDHOLDER'S SIGNATURE