

ECCO XXIX - 2016

CREDIT CARD FORM

Personal data *(Please, print or type)*

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First name: _____

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Billing Address: _____

Paper number *(for speakers only)*: _____

I authorise the **Congress Ltd.** to charge the EUR ECCO 2016 registration fee to my credit card listed below.

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: _____

Billing address: _____

European Union VAT number: _____

Date: _____

Cardholder's signature: _____

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