CREDIT CARD FORM

1. Participant's details

Family name: _____ First name: _____

e-mail: _____

Filled credit card form please send to Congress Secretariat:

Eurocongress Centrum Ltd.
9 Bobrowiecka Street
(Block D1)
00-728 Warsaw, POLAND
phone + 48 22 559 22 55
fax + 48 22 559 22 32
e-mail:
do2005@eurocongress.com.pl

2. Credit card's type *(please mark your card type)*

☐ VISA ☐ EUROCARD MasterCard ☐ AMERICAN EXPRESS

☐ Diners Club International ☐ PolCard ☐ JCB CARDS

2. Your credit card's details

Credit card number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Credit card holder's name (appeared on credit card)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Billing address (required only for American Express)

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Valid from ☐☐/☐☐ Until end ☐☐/☐☐

In accordance with information included in payment section in REGISTRATION FORM sent to conference secretariat connected of my attendance on Diffractive Optics 2005 in Warsaw please debit my credit card on amount:

TOTAL PAYMENT FOR REGISTRATION FEE €

TOTAL PAYMENT FOR ACCOMMODATION €

TOTAL AMOUNT DUE TO BE CHARGED €

Your credit card will be charged on the amount of your payment after conversion of EURO currency into POLISH (PLN) according to an exchange rate on a day of debiting.
I hereby authorise Eurocongress Centrum Sp. z o.o. to debit this credit card account for a total amount due. I also consent to Eurocongress Centrum Sp. z o.o. debiting or crediting my credit card account of any subsequent change(s) to the item booked

DATE

CREDIT CARD HOLDER'S SIGNATURE

For Secretariat use:

Data base no: _____

Date of charge: _____

Exchange rate: _____

Total amount in PLN: _____