

UC 2011

Unconventional Computation

Turku, Finland, June 6-10, 2011

Credit Card Authorization

Please print this form, fill and **sign** it, and send the form by **fax** to **+358 2 333 6595**

Recipient:

Department of Mathematics
University of Turku
FI-20012 Turku
FAX: **+358 2 333 6595**

Please write in **capital letters**

Visa []

MasterCard []

Name(s) of participants(s):

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Affiliation(s):

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I hereby authorize the Department of Mathematics, University of Turku, to charge my credit card as follows:

Total in EUR:

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Credit card number:

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Card Verifvcation Code (CVC):

	3 or 4 numbers
--	----------------

Expiry date (mm/yy):

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Name as it appears on the card:

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Card holder's address:

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Date:

Signature:
