

ICALP and LICS

Turku, July 2004

Credit card authorisation

Please fill in this form, print it out, add the signature and send the form by fax to:

Congress Office, University of Turku
Address: Lemminkäisenkatu 14-18 B, FIN-20520 Turku
(tel. +358 2 333 6485)
Fax +358 (0)2 333 5008

Name(s) of participant
(s):

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I hereby authorise the Congress Office, University of Turku to charge my credit card as follows:

☐ Visa ☐ Eurocard ☐ Mastercard

Total in EUR

Credit card number

Expiry date
(mm/yy)

Name as it appears
on the card

Card holder's
address

Date _____

Signature _____