

Credit Card payment

Please complete this form (TYPED or PRINTED) and send to the following address:

WCDA
c/o IBMP
Paul-Ehrlich-Str. 19
90562 Nürnberg-Heroldsberg
Germany

or fax it to: +49-911-5182920

Payment from: Name: _____

Institute/Company: _____

Address: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

We suggested bank transfer in the registration form. We tried to keep WCDA registration fees low and could not loose money from card company fees. Note that credit card payment will lead to 5 % charges to WCDA.

Fees according to registration form _____ EURO

5 % surcharge _____ EURO

Total amount: _____ EURO

Credit card details: Euro/MasterCard Visa

Credit Card Number: | | | | | | | | | | | | | | | | | | | | |

Expiration Date: | | - | |
Month Year

Card Validation Code: | | |
(last three digits of the number printed on the back of the card)

Name as it appears on Credit Card: _____

Signature: _____