
Credit Card Payment Form

**27th Congress of the Federation of the International Danube Symposia on Diabetes Mellitus
Budapest, 28-30 June 2012**

Please fill in the form with capital letters and e-mail or fax it to our office.
Stand-Art Agency Ltd. – Fax: (+36 62) 317-445 – E-mail: fid-office@t-online.hu

Customer Information

Customer Name

Registration Fee EUR

Accommodation EUR.....

Social program total EUR.....

Total EUR.....

Credit Card Information

Credit Card Type MasterCard VISA

Name as it appears on Credit Card _____

Customer Address
(as registered at the bank) _____

Customer E-mail Address _____

Credit Card Number |_|_|_|_| - |_|_|_|_| - |_|_|_|_| - |_|_|_|_|

Expiration Date (month/year) |_|_| / |_|_|

CVC Code |_|_|_|



I (undersigned) hereby authorize Stand-Art Agency Ltd. to debit my account with the given sum.

Place, Date:

Customer Signature