

ECDO 2014

CREDIT CARD DETAILS

(To be sent as an e-mail message attachment to:
info@ecdo2014.gr, or faxed to +30-2810-391101)

General Information

Participant(s) name(s): _____

Affiliation: _____

e-mail address: _____

Total amount to be charged: € _____

Credit Card:

Type: _____ VISA [] or Master Card []

Card Number: _____

CVV: _____ (the last 3 digits of the number at the back of the credit card)

Valid until: _____ (mm/yy)

Holder's name: _____

Signature: _____