



Credit Card Authorization Form

Conference Title:

Last Name First Name M.I.

Title: Prof. Dr. Mr. Ms. Student Post Doc Fellow Male Female

Address:

City: State: Zip code: Country:

Tel.: E-mail:

I authorize Conferex LLC to debit my Credit Card, for the total sum of : EURO (€) : _____

Card Type VISA MASTERCARD AMERICAN EXPRESS

Name as it appears on the card: *(if different from above)*

.....
Card Billing Address, Street

.....
Billing City, State, Zip Code, Country

.....
Card Number

Exp. Date: ___ / ___

CVV _____

Signature _____ Date _____

Comments:

Please note that charges will not be made the same day you fax the form. All EURO's will be converted to USD using the charge date trading rate and made in the USA by TD Bank Merchant Services. Charges will appear as ConfereX LLC on your Credit Card statement. Conferex LLC is the management and payment processing company for the above mentioned conference. Should you have any questions please feel free to email or call us. If you choose to email the credit card authorization form, please exclude the last four digits and expiration date. In a separate email, please email us the last four digits and expiration date only.

CANCELLATION POLICY For cancellations received 90 days prior to the conference, there will be a refund of total fees less a 10% administration charge. After that date registration fees are non-refundable.