



# Meeting of the IFIP WG 1.3

September 11-12, 2009,  
Udine, Italy



## CREDIT CARD AUTHORIZATION FORM

Please complete the following form and fax it to **+39 0432 558493**.

First Name: ..... Last Name: .....

Type of Credit Card:  Visa  Mastercard

I pay for the registration of the following people:

1) First Name: ..... Last Name: .....

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2) First Name: ..... Last Name: .....

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3) First Name: ..... Last Name: .....

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I authorise the amount of ..... Euros to be charged to my credit card.

Credit Card Number: ..... Exp. date: .....

Security Code CVV2-CVC2 (the last 3 digits on the back of the card): .....

Name as it appears on Card: .....

Date: ..... Signature: .....

If needed: Invoice must be issued to:

.....  
.....  
.....  
.....

Back to the [IFIP WG 1.3 Meeting 2009 homepage](http://calco09.dimi.uniud.it/wgcard.html)