



**16th INTERNATIONAL
PEDIATRIC COLORECTAL CLUBMEETING
15th - 16th of June 2009**



Permission for credit card debit

Please fill out, print and send or fax this form to the Congress Office (+43/316/385-3775)

Participant

| | |
|------------|--|
| First name | |
| Last name | |
| Street | |
| ZIP – City | |
| Country | |

I hereby authorize the Congress Office (Department of Pediatric and Adolescent Surgery Medical University of Graz , Auenbruggerplatz 34 , A-8036 Graz/Austria) to debit my credit card with the total amount below.

Congress fees

| Fee per person | Before May 15th | After May 15th |
|-------------------------------|-----------------|----------------|
| Participant | EUR 228,80 | EUR 260,- |
| Accompanying Pers. & Students | EUR 135,20 | EUR 156,- |

| | |
|-------------------------|-----|
| Accompanying person(s): | |
| Total amount: | EUR |

Credit card

| | | | | | | | | | | | | | | | |
|---------------|-------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Card company: | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | | | | | | | | | | | | | | |
| Card holder: | | | | | | | | | | | | | | | |
| Card number: | | | | | | | | | | | | | | | |

Valid until:

| | | | |
|---|---|---|---|
| M | M | Y | Y |
|---|---|---|---|

CVV number (back side)

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| | | | |
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All amounts in Euro. If credit card currency is other than Euro, daily rate of exchange is used.

Date

Signature of the card holder