

# "Encuentros Relativistas Españoles Spanish Relativity Meeting 2007"

## CREDIT CARD PAYMENT FORM

(Please, use capital letters)

I hereby authorize the IAC to charge  for Registration Fee to the credit card specified below.

Name:  E-mail:

Amount:

Card type:  Visa  Mastercard

Credit card no.:

Expiry date (mm/yy)  /  Holder's name:

Signature: .....

Date: .....

**Please return the CREDIT CARD PAYMENT to the LOC,  
ONLY by fax: +34 922 605 298  
This information will be confidential.**