

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.**