**SOLARNET IV MEETING**

**CREDIT CARD PAYMENT FORM**

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| --- |
| **Complete and return this signed form to**  **Fax (+34 922 605 210) or E-mail (solarnet4m@iac.es)**  **This information will be strictly confidential.** |

I hereby authorize the IAC to charge:

|  |  |
| --- | --- |
| Registration Fee: | € |

|  |  |
| --- | --- |
| Registration for accompanying person: | € |

|  |  |
| --- | --- |
| Total amount to be charged: | € |

Please give your full credit card information to allow quick processing. All data will be strictly confidential.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | e-mail: | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| Total payment: |  | | | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| Card: | 🞎 Visa 🞎 Mastercard | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| Credit card no.: |  |  |  |  |  |  |  |  | |  |  | |  | |  |  |  |  |  | |
|  |  | | | | | | | | | | | | | | | | | | |
| Expiry date (mm/yy) |  |  | / |  |  | Card holder’s name: | | | | | | | |  | | | | | | |

Signature: ……………………………………… Date: ……………………………

(You may type your name as a signature)

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| **Privacy policy**  We have set up the following rules to handle personal information.  1.- We guarantee that we will use this information only for registration purposes.  2.- We guarantee that we will not disclose your personal information.  All personal data will be held in the Identity Data Verification System according to the Royal Decree 522/2006, 28 April, B.O.E. May 9th. Law 15/1999 for the Protection of Personal Data. |